COAST INSTITUTE OF TECHNOLOGY

APPLICATION FOR ADMISSION

1. *Read each item carefully before filling in any information* 2. *Complete all appropriate sections in capital/block letters* 3. *Return with a non – refundable application fee of Kshs.300 for Kenyan citizens or 10 US Dollars for Non-Kenyan Citizens* 4. *Attach a copy of National ID/Passport, certified copies of Academic/professional certificates /Birth certificate*	*Application No.* *Receipt No.*

SECTION A: PERSONAL DATA

1. Surname	Middle Name	First Name

2. Permanent address

P. O. Box	Code	City /Town
Phone:	Mobile	E-Mail

3. Current mailing Address (If different from above)

P. O. Box	Code	City /Town
4. Date of Birth:	Gender { } Female { } Male	Place of Birth: County …………………….. District: ………….…… Ward………………………..…
5. Nationality	Marital Status:	National ID No:
6. Religion	Denomination:	

7. Next of Kin or Guardian (contact in case of emergency

Name:		Relationship
Address: P. O. Box	Code	City/Town
Phone:	Fax	E-Mail

8. Financial information

How do you expect to meet the financial expenses for study while at CIT *(Self/parent/guardian/sponsor)*

Name (if not self):		Relationship
Address:	Phone	E-Mail

9. SECTION B: ACADEMIC PROFILE

List all Secondary Schools/Colleges/attended. Attach copies of all academic qualifications.

NAME	FROM	TO	CERTIFICATE

10. SECTION C: ACADEMIC PROGRAMME APPLIED FOR:
State the programme you wish to be considered for.
Alternative programmes in which you would wish to be considered.

Specify mode of learning	{ } Fulltime	{ }Part time	{ }Distance learning	{ } School based
State campus of preference	{ } Main campus		{ }Town campus	
Accommodation For main campus	{ } On-Campus		{ } Off- Campus	

11. Additional information

How did you learn about Coast Institute of Technology (please tick all that apply)?

{ }College website	{ } College prospectus	{ } colleague	{ }Career teacher
{ }Road shows/ handbills/posters	{ }Former/current student	{ }Friend/family	{ }Newspaper
{ }Television/radio	{ } Any other (please specify)		

Name of Informant .... Phone No................................

12. SECTION D: DECLARATION

By signing this application you confirm that the information is correct and that any misrepresentation of facts on this application could be cause for expulsion or suspension from the Institute if discovered after enrolment

Student signature _____ Date:_____

13. SECTION E: SUBMISSION OF APPLICATION FORMS

All completed application forms directed to the Main campus through
>   *THE PRINCIPAL,*
>   *COAST INSTITUTE OF TECHNOLOGY.*
>   *P.O BOX 34, VOI.*
>   Email address: voicampuscit@yahoo.com

FOR OFFICIAL USE ONLY

Recommendation: Teaching department

Programme ……………………………………..…………………………………………………….

Recommended/Not recommended ……………………………….…………………………………….

Not recommended: Reason …………………………………………………………………………..

Admission Section

Approved/Not Approved ……………………………………………….……………………..

Not approved reason………………………………………………………………………..

Registrar (Academic)

Name………………………………. Signature …………………. Date …………………..………….