

Passport Size
Photograph
(Coloured)



Scott Christian University
P O Box 49, 90100 Machakos, Phone: 0706381396, Email: admissions@scott.ac.ke

**APPLICATION FOR ADMISSION
GRADUATE PROGRAMMES**

PERSONAL INFORMATION:

1. Full Name: _____
Family First Middle Other(s)
2. Current Mailing Address: _____
Telephone/Mobile: Home _____ Work: _____
E-Mail Address: _____
3. Permanent (or Home) Address: _____
Home Telephone: _____
4. Date and Place of Birth: _____
5. Nationality: _____ ID No. /Passport No. (if from outside Kenya): _____
6. Marital Status: Single Married Separated Divorced
If married please give the following information:
Name of Spouse: _____ Date of Marriage: _____
7. Name and Address of next of kin or other individual to be contacted in case of emergency
Name: _____ Cell Phone/E-Mail Address: _____
Address: _____
8. Photograph: Send 2 photographs of yourself (facing camera), head and shoulders (passport size).

COURSE DETAILS

Please tick [√] the programme you are applying for [] Master of Education [] Master of Arts in Leadership and Management [] Master of Business Administration [] Post Graduate Diploma in Education

Programme: _____

Mode of Study (Tick √):

Regular [] Evening [] School Based [] [] Online/Distance Learning

EDUCATIONAL BACKGROUND

9. a. Send photocopies of Certificates/Diploma/Degrees you hold. Secondary Education, University or College Education and others. A certificate/diploma/degree in a language other than English must be accompanied by a certified English translation.
- b. Give the names of the schools you attended, together with the years at each school and certificates received.

Name of Institution	Dates Attended From To		Degree/Diploma/Certificate Name and final Grade	Date Degree/Diploma/ Certificate Awarded
Secondary/High School				
Post-Secondary/University				
Other				

10. What other schools, colleges or courses have you attended? _____

If you left before completion, why? _____

11. What achievements, awards or honors have you received in the areas of study, leadership, sports, music, or other? _____

12. Language fluency: what languages are you fluent in _____

What was the medium of instruction for your first degree? _____

An applicant whose medium of instruction at the 1st degree level is not English is expected to submit a satisfactory result of TOEFL with a minimum score of 500 or its equivalency to be considered for admission.

VOCATIONAL INFORMATION:

13. Are you presently employed? [] Yes [] No If yes, give the following information:

a. Title or position: _____

b. Employer's Name: _____

c. Employer's Address: _____

d. List your previous employers, starting with the most recent one:

Position	Name of employer	Location	Date
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14. On a separate sheet of paper, describe your knowledge and accessibility to computer and ICT in as far as the following are concerned: a) Proficiency in typing and basic use of computer skills; b) Proficiency with Internet and E-mail; c) Explanation of your accessibility to a computer, Internet and E-mail.

FINANCIAL INFORMATION:

15. Do you have in full the required fees for the Master's programme? _____

You will NOT be registered as a student unless you pay one term's in full as specified in the Fees Schedule. Please produce reliable documentary evidence of commitment and ability to pay the year's fees in full.

16. Who has promised to be your sponsor in supporting you through university?

Name: _____

Postal Address: _____

RELIGION AFILIATION INFORMATION

Please indicate [] your religion affiliation

Christian: [] Protestant [] Catholic

Other: Specify _____

If Christian to what church (denomination) do you belong? _____

Where do you usually attend church services? _____

ADDITIONAL INFORMATION

How did you get to know about SCU? (Please Tick and explain)

[] Advertisement in _____ [] Recommendation from a friend

[] Recommendation from a student (Please give their name) _____

[] Exhibition (Please specify): Place: _____ Date: _____

[] Other (Please specify): _____

SIGNATURE OF APPLICANT: Scott Christian University is a Christian institution that upholds biblical teachings, values, and practices that recognize and honor Jesus Christ as Lord and Savior. In signing this application form, I hereby certify that I accept the purpose and goals of Scott Christian University; that if accepted as a student I promise to obey the rules and regulations of the University and to support and uphold the Doctrinal and Christian Life standards of the University.

Signature: _____ Date: _____



SCOTT CHRISTIAN UNIVERSITY
CERTIFICATE OF HEALTH FORM GRADUATE PROGRAMMES (FOR APPLICANT)
(This Certificate of Health is to be completed by the applicant and a medical doctor)

NAME OF APPLICANT (IN CAPITAL LETTERS) _____

PART I

The following questions are to be answered by the applicant before taking the physical examination:

Have you ever been an in-patient in hospital or dispensary suffering from any disease or injury? _____ if so, give details.

Apart from above, have you ever received medical treatment for any serious disease of injury? _____ . If so, give details.

1. Is there any disease or illness that bothers you regularly such as:
Hay fever? _____
Diabetes? _____
Stomach ulcers? _____
Headache? _____
Persistent cough? _____
Frequent diarrhea? _____
Skin eruption(sores)? _____
Other (specify) _____
2. Is there any food or drink that you are unable to eat or drink or that causes you stomach trouble? _____ if so, give details.
3. Have you had any recent notable weight loss? _____
4. Do you have any family members or close friends who have been diagnosed as having
5. HIV/ AIDS? _____
6. To the best of my knowledge, I have answered the above questions fully and truthfully.
7. Date: _____ Signature of Applicant _____

PART II

The following questions are to be answered by a Medical Doctor or duly authorized clinical officer.

Does the above named Applicant report or show any symptoms of the following? If so, give details:

1. Any infectious or contagious disease? _____
2. Any chronic disorder or asthma, hay fever, diabetes, etc _____
3. Any ailment (stomach ulcers or allergies) that might prevent him/her from eating a normal diet?
4. Any ailment or disability that would make him/her unable to take part in sports or normal physical activities? _____
5. Any evidence of impaired vision? _____ Hearing? _____

I hereby certify that I have examined the above named person and that in my professional opinion he/she is Fit/unfit for the activities in the above school.

Signature: _____

Date: _____

Full Name: _____

Designation: _____

Postal Address: _____

Telephone/Mobile No: _____

Official Rubber Stamp