

**MULTIMEDIA UNIVERSITY OF KENYA**

P.O. Box 15653 - 00503, Mbagathi, Nairobi Tel: +254 020 2071391, +254 020 724257083,
+254 020 735900008 Email: info@mmu.ac.ke/admissions@mmu.ac.ke

(MMU is ISO 9001:2015 Certified)

STUDENT'S ENTRANCE MEDICAL EXAMINATION FORM**IMPORTANCE:**

Students are requested to complete **Part I** of this Form, Part II should be completed by the Medical Officer examining the student. The completed form should be submitted to the Medical Officer, Multimedia University of Kenya on the reporting day.

Part I: (To be completed by the Student)

- (a) Surname_____
- _____
- (Other Names)
- Date of Birth_____
- Place of Birth_____
- Nationality_____ Gender_____
- Registration No:_____
- Faculty _____
- Single/Married _____
- Name, Address and Telephone Number of Parent/Guardian/Next of Kin
- _____
- _____
- (b) Have you ever been admitted into a hospital? Yes / No
- If so, state reason for admission and date.
- _____
- (c) Have you had any of the following illnesses? (Delete as necessary)
- Tuberculosis or other chest infection? _____ Yes/No
- Fits, Nervous disease or fainting attacks _____ Yes/No
- Heart Disease or Rheumatic Fever _____ Yes/No
- Any disease of the Digestive System..... Yes/No
- Allergies to food or drugs _____ Yes/No



Malaria _____ Yes/No
Sexually Transmitted Diseases _____ Yes/No
Poliomyelitis _____ Yes/No
Diabetes _____ Yes/No
Hypertension _____ Yes/No
Hepatitis _____ Yes/No
Sickle cell diseases _____ Yes/No
Leukemia _____ Yes/No
Asthma _____ Yes/No
Epilepsy _____ Yes/No

If the answer to any of the above is yes, please give details with dates

If there are any other relevant details of your medical history not covered by the above questions, please give particulars.

(d) Family History

Do any of your relatives suffer from?

- i) Tuberculosis _____ Yes/No
- ii) Insanity or mental illness _____ Yes/No
- iii) Diabetes Mellitus _____ Yes/No
- iv) Heart Disease _____ Yes/No
- v) High Blood pressure _____ Yes/No
- vi) Allergies _____ Yes/No
- vii) Epilepsy _____ Yes/No
- viii) Others, please specify _____

(e) Have you been immunized against any of the following diseases:-

- (i) Smallpox _____ Yes/No/Date _____
- (ii) Tetanus _____ Yes/No/Date _____
- (iii) Poliomyelitis _____ Yes/No/Date _____
- (iv) Covid-19 _____ Yes/No/Date _____

(f) Social history

- i) Do you consume alcohol? _____ Yes/No. How often (If Yes) _____
- ii) Do you consume tobacco? Yes/No. How often (If Yes) _____
- iii) Are you on regular doctor's medication? Yes/No. How often . Which one _____

(g) Medical Insurance Status

Do you have any Medical Insurance? If Yes/No which one?



- i) NHIF _____ Yes/No
 ii) Others (Provide Insurance Cover and Policy number)

PART II (To be completed by the Examining Medical Officer)

- (a) Height _____ Weight _____
 (b) VISUAL ACUITY
 Without glasses R.6 L.6
 With glasses R.6 L.6
 (c) Hearing Right Ear Left Ear
 (d) Condition of:
 Teeth _____ Throat _____
 Ears _____ Lymphatic glands _____
 Nose _____
 (e) Circulatory system:
 Pulse _____
 Heart _____
 Blood Pressure Systolic _____ Diastolic _____
 (f) Respiratory system
 Chest X-Ray- The film and report should be presented along with the Medical Certificate.

 (g) Abdomen: any palpable masses – Physiological or Pathological?
 Liver _____
 Spleen _____
 Uterus _____ L.M.P. _____
 (h) Urine: Albumin _____ Sugar _____
 (i) Is the student on any treatment?
 (j) Any other observation of importance _____
 Name of Medical Officer _____

Signature _____ Date & Stamp _____

PART III (To be completed by Multimedia University of Kenya Medical Officer, after the student has registered with the University).

Special Remarks _____

Is the student fit for University Education _____ Yes/No?

University Medical Officers _____
 (NAME)



Signature _____

Date & Stamp _____

Part IV: Personal Declaration

I hereby consent to offer this information to any medical authority as deemed necessary to effect quick treatment.

Student's Name _____

Signature _____ Date _____



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ADMISSIONS CHECK LIST FORM FOR NEW STUDENTS

Name of Student _____ Faculty _____
Surname other names

SNo	ITEM	NO OF COPIES	REMARKS BY THE VERIFYING OFFICER
1	Copy of the letter of Offer	2	
2	Original National ID / Passport / Birth Certificate OR any other document(s) that can be used to identify the new Student	1	
3	Copy of National ID / Passport / Birth Certificate OR any other document(s) that can be used to identify the new Student.	1	
4	a) Original KCSE result slips/KCSE Certificate b) Original Leaving Certificate c) Any other Academic transcripts (where applicable).	1	
5	a) Copy of KCSE result slips/KCSE Certificate, b) Copy of Leaving Certificate c) Copy of any other Academic transcripts (where applicable).	1	
6	Medical Report (MMU/F/AD/001)	1	
7	Duly filled students' detail forms (MMU/F/AD/004-012).	1	
8	Colored Passport Photos	2	
9	Proof of payment for total fee as quoted on the MMU fee structure	1	

NAME OF VERIFICATION OFFICER:

SIGNATURE: DATE:

STAMP:





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ADMISSIONS JOINING INSTRUCTIONS FORM

1. STUDENTS PERSONAL DETAILS

You are required to complete one copy the Students Personal Details form and return the forms together with three 2 Colored Passport – Size Photographs to the Registrar (AA) along with the other documents listed in the Letter of Offer.

2. MEDICAL EXAMINATION

Admission into the University is conditional upon a satisfactory medical report being received. The student is therefore required to undergo a medical examination by a recognized medical practitioner before coming to the University. Form **MMU/F/AD/-001: STUDENT'S ENTRANCE MEDICAL EXAMINATION** is attached for this purpose.

The Doctor who examines the student is kindly requested to complete the form and enclose it in a sealed envelope addressed to the Medical Officer – Multimedia University of Kenya P.O. BOX 15653 – 00503, NAIROBI – The student is required to bring along with him/her the form on the day of registration. Please Note that Upon examination of the Chest, **-The film and report should be presented along with the Medical Certificate. This form SHOULD NOT BE SENT BY POST.**

3. MEDICAL SERVICES AT THE UNIVERSITY

The University Health Center is open to the students. However, students are advised to be prepared to meet the cost of any medical services not provided by the University Health Centre.

4. DENTAL AND OPTICAL TREATMENT

The University does not provide optical or dental treatment. Any student seeking such treatment will therefore be required to organize for their own private treatment.

5. SPECIAL MEDICAL CONSENT FORM FOR MINORS

Parents (or guardians) of students who are under 21 years of age are required to fill and sign Form **MMU/F/AD/-009** - form of consent in emergency operations on the reporting date.

6. MATERIALS NEEDED BY THE STUDENTS.

- a) Academic stationery
- b) Books and equipment/depending on the Faculty/School/Institute in which one is registered.

7. FEE PAYMENT POLICY

- a) All students must pay full fees as indicated in the fee structure on the reporting day.
- b) Students with exceptional cases **MUST SEE** the Registrar (AA) to commit in writing on the mode of payment, which will be strictly followed and enforced.
- c) Students who cannot meet this obligation are advised to **defer** their studies to the next intake.
- d) Copy of the fee policy is attached for more information. It can also be downloaded from the University website: <https://mmu.ac.ke/students-documents/>

8. FEE PAYMENT DETAILS

- a) Payment of tuition and accommodation fees must be made **through e-citizen** via the student portal, accessible at <https://studentportal.mmu.ac.ke/>. Detailed instructions regarding fee payment can be found at <https://mmu.ac.ke/wp-content/uploads/2024/01/MMU-PAYMENT-OF-FEES-VIA-STUDENTS-PORTAL.pdf>. or Bankers Cheque drawn in favour of Multimedia University of Kenya.
- b) The University strictly prohibits cash payments for any fees.
- c) Fees is paid strictly as per the University Fee Payment Policy
Please contact the Finance Office at studentfinance@mmu.ac.ke OR
Tel. No. 020 725 2536/7

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Affix passport
Here.

STUDENTS' PERSONAL DETAILS FORM

Information provided in this Form is intended to help the Office of the Registrar /Academic Affairs understand the student better. It will also be used for purposes of improving the student's welfare while at the University. This form is to be completed **in capital letters**. Attach a passport size colored photograph on the form.

1. Full Name: (Surname or Last Name) _____ (Mr.Mrs.Miss)

(Other Names) _____
2. National ID/Passport No. No/Birth Certificate No. _____

3. County as per ID _____
4. University Registration Number _____
5. Date of Birth _____
6. Religion 1. Protestant ☐ 2. Catholic ☐ 3. Muslim ☐ 4. Other ☐ (Specify)

7. Nationality _____
8. Contact Address _____
E-Mail address _____
Mobile Tel/No _____
9. a) Marital Status _____

(b) Name and Address of Spouse (If married) _____

10. Full name of Mother _____ Deceased/Alive

Full name of Father _____ Deceased/Alive

(a) Occupation of Father _____ Date of Birth _____

(b) Occupation of Mother _____ Date of Birth _____

11. Name(s) of siblings and address

12. Place of birth:

Location _____ Name of Chief _____

Division _____ District _____ County _____

Place of Permanent Residence: Village/Town

Nearest Town _____ Location _____

Nearest Police Station _____

13. Give names and addresses of two persons who can be contacted in case of an emergency.

A. Name _____

Relationship _____

Address & Tel. No. _____

E-mail _____

B. Name _____

Relationship _____

Address & Tel. No. _____

E-mail _____

14. Education Background

A. Secondary School/O-level

Name of the School(s)	Year Attended		Aggregate Grade

16. Any other Institutions/Attended and qualifications attained

17. Games/sports: which games and sports do you participate in?

1. Soccer ☐ 2. Hockey ☐ 3. Basketball ☐ 4. Netball ☐
5. Tennis ☐ 6. Badminton ☐ 7. Rugby ☐ 8. Volleyball ☐
9. Athletics ☐ 10. Swimming ☐ 11. Table Tennis ☐ 12. Darts ☐
13. Karate ☐ 14. Martial Arts ☐ 15. Softball ☐ 16. Other (Specify) ☐

18. Clubs Societies and Hobbies: Which clubs, societies and hobbies are you interested in?

19. Are you physically challenged? If so give details of nature of the challenge.

20. Please give any information you think is useful for you to communicate to the University.

21. Fees Payment

Who will finance your education?

- a. Self ☐
- b. Parent/Sponsor ☐
- c. Bursary/Scholarship ☐
- d. HELB Loan ☐

Name of sponsoring organization (if any)_____

Address_____

E-mail_____

22. DECLARATION

I _____ hereby
declare that the information provided in this form is true to the best of my
knowledge, and I understand that any false information given could render me
liable to prosecution

Signature _____ Date _____



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STUDENTS' DATA SHEET FORM

Registration No. _____

Surname _____

Other names _____

Date of Birth _____

Gender (Tick) _____ Male _____ Female _____

ID / Passport No. _____

District _____

County _____

Mobile No. _____

Email address _____

Programme _____

Faculty _____

Centre/ Campus _____

Year of study (e.g Year 1, 2 e.t.c) _____

Sponsor (Tick) G.o.K _____ Self _____ other(s) _____

EMERGENCY CONTACTS

Name of the contact person _____

Postal Address _____

Phone/Mobile No. _____

E-Mail _____



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PROGRAMME ACCEPTANCE /NOT ACCEPTANCE FORM

SECTION A: (To be completed by those accepting the offer.)

1. Candidate's Surname _____
2. Other Names _____

With reference to your letter offering me a place in the Faculty of _____
_____ for a programme in _____

This is to confirm that:

I **ACCEPT** the offer and **PROMISE TO ABIDE** by the Rules and Regulations governing the conduct and discipline of the students of Multimedia University of Kenya as spelt out in the **"STUDENTS CODE OF CONDUCT HANDBOOK"** and any other documents of the university.

I also accept to abide by the rules and regulations made from time to time for the good order and governance of the University.

Signature of Candidate: _____ Date _____

SECTION B: (To be completed by those **NOT ACCEPTING** the offer)

1. Applicant Name _____
2. Other Names _____

With reference to your letter offering me a place in the faculty of _____
_____ for a course leading to the Degree of _____
_____ This to confirm that I **WILL NOT**
ACCEPT the offer, because of the following reasons.

(Mark X against that which is applicable)

S/No.	Reason	Tick
1	Family problems	
2	Health	
3	I have been offered an Overseas Scholarship	
4	The University has given me a course I did not apply for/ not given me the course I applied for	
5	I have taken on employment	
6	Any other reasons (state the reasons here) <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

Yours faithfully _____

(Surname)

Signature _____ Date _____



MMU/F/AD/007

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COURSE ACCEPTANCE DECLARATION FORM

I hereby undertake to complete the course for which I have been accepted at the Multimedia University of Kenya, unless I am requested to discontinue by the University Authorities.

I understand that change of Course will be permitted only by approval of the University SENATE within the approved timelines a per admissions procedures.

I **ACCEPT** the offer and **PROMISE TO ABIDE** by the Rules and Regulations governing the conduct and discipline of the students of Multimedia University of Kenya as spelt out in the **“STUDENTS CODE OF CONDUCT HANDBOOK”** and any other documents of the university. I also accept to abide by the rules and regulations made from time to time for the good order and governance of the University.

Students' Name_____

Signature_____

Date _____

Name (Parent/Guardian)_____

Signature_____

Relationship_____

Date _____



MMU/F/AD/008

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STUDENTS' REGULATIONS DECLARATION FORM

I _____ Registration No _____

of Faculty/School/Institute of _____

Department _____

Hereby declare that I have read and understood the following regulations:

1. Rules and Regulations governing the conduct and discipline of Multimedia University of Kenya students
2. University Common Examination Regulations
3. Fee Payment Policy

I commit to abide by all the rules and regulations of the University.

Signature _____

Date _____



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STUDENTS' REGULATIONS DECLARATION FORM

I _____ Registration No _____

of Faculty/School/Institute of _____

Department _____

Hereby declare that I have read and understood the following regulations:

4. Rules and Regulations governing the conduct and discipline of Multimedia University of Kenya students
5. University Common Examination Regulations
6. Fee Payment Policy

I commit to abide by all the rules and regulations of the University.

Signature _____

Date _____



MMU/F/AD/010

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DECLARATION FOR PURCHASE OF INSTRUMENTS AND PROTECTIVE CLOTHING FORM

A. INSTRUMENTS AND PROTECTIVE CLOTHING FOR ALL ENGINEERING STUDENTS

You are required to bring with you the Items appended here below. Be advised that your respective departments may not register you unless you fulfill this requirement.

1. A set of draughtsman drawing Instruments.
2. T-square
3. Set squares 0,45,90 (degrees)
4. 2H,HB and 3H Pencils and good quality eraser
5. Blue overall.
6. Protective boots

B. STUDENTS DECLARATION FOR PURCHASE OF INSTRUMENTS AND PROTECTIVE CLOTHING

I hereby undertake to purchase all the instruments and protective clothing, scientific calculators as required by the Faculty that I have been admitted into.

Name: _____

Registration Number: _____

Department: _____

Signature: _____

Date: _____



MMU/F/AD/011

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DECLARATION FOR PURCHASE OF LAPTOP FORM

A. PURCHASE OF A LAPTOP FOR ALL STUDENTS

You are required to bring with you a laptop with the minimum specifications indicated below. Be advised that your respective departments may not register you unless you fulfill this requirement.

Category 1: For students taking courses in Faculties of Computing & IT, Engineering and Science	Category 2: For students taking all other courses
Screen: 14"	Screen: 14"
RAM: 8GB	RAM: 4GB
Storage: SSD 128GB	Storage: SSD 128GB
CPU: Intel Core i5, 8 th Gen or newer	CPU: Intel Pentium
Operating System: Windows 10	Operating System: Windows 10

B. STUDENTS DECLARATION FOR PURCHASE OF A LAPTOP

I hereby undertake to purchase a laptop with the following specifications as required by the University.

Name: _____

Registration Number: _____

Department: _____

Signature: _____

Date: _____

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REGISTRATION NUMBER: _____

COURSE NAME: _____

MMU STUDENT REGISTRATION FORM

PERSONAL DETAILS				NEXT OF KIN DETAILS	
Last Name				Name of Next of Kin	
				Relation (i.e mother, father guardian, brother or sister)	
First Name				Address	Code
Middle Name				Town	
E-mail Address				Sponsor	GoK <input type="checkbox"/> SSP <input type="checkbox"/>
National Identification. Number(ID No.) or passport number				Mobile No: (Give at least <u>TWO</u> Mobile numbers)	
KCSE Index Number	Year of Exam				
Nationality					
Date of Birth	Date <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	E-mail Address	
Gender	Female <input type="text"/>	Male <input type="text"/>		Are you physically challenged? If yes specify type of challenge.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home County	Tribe			COURSE DETAILS	
Student Mobile Number:				Start Date	
Address	Code			End Date	
				Entry Level (Eg. 1.1 or 2.1)	
Have you ever been registered for a course at MMU before?				Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Provide Admission No.
Student's Signature:				Date:	