



MULTIMEDIA UNIVERSITY OF KENYA

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TRAINING APPLICATION FORM

A. NOTES TO STUDENTS:

- Complete this form in **BLOCK LETTERS**.
- Provide certified copies of academic/professional certificates.
- Read and adhere to University rules and regulations.

B. PERSONAL PARTICULARS:

- Name (in full) _____ Female Male
(First name) (Middle name) (Last name)
- Date of Birth

DD	MM	YY

 Nationality _____ ID/Pass No. _____
- Permanent Address: _____ Tel _____ Off: _____
(Box) (Town)

C. NEXT OF KIN/GUARDIAN:

- Name: _____ Relationship: _____
- Address: _____ Tel: _____ Off: _____
(Box) (Town)

D. ARE YOU EMPLOYED?

- YES: NO:
- Employer's Name: _____ Address: _____
(Box) (Town)
 - Tel: _____ Fax: _____ E-mail: _____
 - Your job title: _____

E. WHO IS YOUR SPONSOR?

- Employer Self Parent/Guardian
- Any other (specify): _____ Address: _____
(Box) (Town)

L. DECLARATION:

I hereby certify that the information given on this form together with attached documents is true, correct and complete to the best of my knowledge.

Signed: _____ Date: _____

M. OFFICIAL USE ONLY:

Application: Approved: Not Approved:

Remarks: _____