



Passport Size  
Photograph  
(Coloured)

## Scott Christian University

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

### APPLICATION FOR ADMISSION

PERSONAL DETAILS		
Name:		
(Surname)	(Other names)	
Date of Birth:	Gender (Tick√): Male [ ] Female [ ]	
(Date) (Month) (Year)		
Nationality:	Citizenship/ID No./Passport No.:	
Marital Status (Tick √):	Single [ ]	Married [ ]
CONTACT DETAILS		
Postal Address:	Postal Code:	Town:
Mobile:	Home Tel. No. (Landline):	
Email:		
SPONSOR'S INFORMATION		
Name:		
Postal Address:	Postal Code:	Town:
Mobile:	Office Tel. No. (Landline):	
Email:		
NEXT OF KIN		
Name:	Cell Phone:	Email:
Postal Address:	Postal Code:	Town:

## COURSE DETAILS

Please tick  the programme you are applying for

### Bachelor Programmes

Bachelor of Business Administration    Bachelor of Business Information Technology  
 Bachelor of Hospitality and Tourism Management    Bachelor of Information Communication Technology  
 Bachelor of Leadership and Management    Bachelor of Arts in Counseling Psychology  
 Bachelor of Arts in Community Development    Bachelor of Education    Bachelor of Education in Early Childhood Development Education

### Diplomas and Certificates

Diploma in Leadership and Management    Diploma in Agribusiness    Diploma in Information Communication Technology  
 Diploma in Counselling Psychology    Diploma in Early Childhood Development Education  
 Diploma in Community Development    Diploma in Business Administration  
 Diploma in Business Information Technology    Certificate in Leadership and Management  
 Certificate in Agribusiness    Certificate in Early Childhood Development Education

Programme: \_\_\_\_\_

**Mode of Study** (Tick ):

Regular    Evening    School Based

## ACADEMIC HISTORY

**High schools and colleges attended** (*Attach certified copies of Results/Certificates*)

Name of School/College/University	Dates attended (e.g. 2005-2010)	Grade attained	Date of Graduation

**Qualifications pending**

Name of School/College/University	Dates attended (e.g. 2010-2015)	Grade attained to present	Expected completion date

List extra-curricula activities you have participated in (sports, music clubs, community services etc.)

Attach your curriculum vitae if more appropriate and applicable.

Have you been a student in a University before? Yes/No \_\_\_\_\_. If **yes** give the name of the

University and reasons for leaving \_\_\_\_\_

\_\_\_\_\_

### 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 (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:

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

2. Apart from above, have you ever received medical treatment for any serious disease or injury?  
\_\_\_\_\_. If so, give details.

3. 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) \_\_\_\_\_

4. Is there any food or drink that you are unable to eat or drink or that causes you stomach trouble?  
\_\_\_\_\_ if so, give details.

5. Have you had any recent notable weight loss? \_\_\_\_\_

6. Do you have any family members or close friends who have been diagnosed as having  
HIV/ AIDS? \_\_\_\_\_

To the best of my knowledge, I have answered the above questions fully and truthfully.

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 hear by 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: