



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: