

# ST. PAUL'S UNIVERSITY

Private Bag 00217 LIMURU, KENYA  
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## APPLICATION FOR ADMISSION APPLICATION PROCEDURE

1. Read all of the forms and any accompanying letter and information carefully before filling any information. Give detailed information as possible. Use extra paper for additional information, if you do not have enough space.
2. Attach all photocopies of academic and professional certificates. If they are not in English send translated and certified copies. Non-English speakers, provide proof of competence in English.
3. Attach a recent coloured passport size photograph.
4. Send completed forms with Kshs.1,500 non-refundable application fee.

**Address Application package to:**  
**The Assistant Registrar**  
**St. Paul's University**  
**P O Private Bag**  
**Limuru 00217**  
**KENYA**

Attach a recent  
passport- sized  
photograph her

## PERSONAL INFORMATION

Last (family) Name _____		Middle Name _____		First Name _____	
Date of Birth _____		Citizenship _____			
Country of Birth _____		Passport No*/ID No. _____			
Sex:	Female [ ]	Male [ ]			
Marital Status:	Single [ ]	Married [ ]	Divorced [ ]	Widowed [ ]	
Years of formal education in English _____		Level: Primary _____		Secondary _____ Post Secondary _____	
Other Languages spoken or written _____					
Do you have any disability?		Yes [ ] No [ ] If yes state nature of disability _____			
*If you are a foreign applicant complete the student information sheet and return with a letter from your sponsor guaranteeing payment and copy of passport.					

## CURRENT ADDRESS

Postal Address _____		Code _____	
City/Town _____		Country _____	
Telephone (Home) _____		(Office) _____	
Email _____		Mobile _____	

**PARENT(S)/GUARDIAN**

Name _____	Relation to applicant _____
Address _____	Telephone _____
Email _____	Mobile _____

**RELIGIOUS AFFILIATION**

Protestant Denomination _____	For Divinity/ICMR Applicants Ordained [ ] To be ordained [ ]
Roman Catholic [ ] Hindu [ ] ATR [ ]	Anglican [ ] Province [ ]
Muslim [ ] Other [ ] Specify _____	Diocese _____

**EDUCATION INFORMATION**

Please list all the schools, colleges, or universities previously attended (Do not list primary schools)

Name of Institution	Area of Study	Duration of Study	Degree/Diploma/Certificates attained
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____

**OCCUPATIONAL EXPERIENCE**

This is for mature age applicants and Masters applicants.

Work Experience Employer	Dates	Type of Work	Title
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____

**ENROLLMENT INFORMATION** (Tick one of the following)

Year of Entry _____	January [ ]	June [ ]	August [ ]
[ ] Pre-University			
[ ] Bachelor of Arts in Communication		I would like to be considered for	
[ ] Bachelor of Business Information Technology			
[ ] Bachelor of Business Administration and Management			
[ ] Bachelor of Divinity		Regular programme [ ]	
[ ] Bachelor of Divinity Parallel ( ) All Saints ( ) St Paul's Kapsabet ( ) St Andrew's ( ) St Phillips ( ) Reformed Institute			
[ ] Postgraduate Diploma in Islam and Christian Muslim Relations		Parallel programme [ ]	
[ ] Master of Arts in Islam and Christian Muslim Relations			
[ ] Diploma in Leadership and Management			
Are you a graduate of St. Paul's? Yes [ ] No [ ]			
If yes, when? _____ which programme _____			



I certify that all information given is true and accurate to the best of my knowledge. False information may lead to dismissal if admitted.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Recommendation of Departmental Academic Board:			
Recommended: Programme _____			
No. of years One [ ] Two [ ] Three [ ] Four [ ]			
Not Recommended: Reason _____			
Referred to _____			
Head of Department's Signature _____		Date _____	
Endorsed by Dean of Faculty _____			
Dean's Signature _____		Date _____	
Admission's Committee Decision _____			
Approved: Programme _____			
No. of years            One [ ]            Two [ ]            Three [ ]            Four [ ]			
Not Approved: Reason _____			
Chairperson's Signature _____		Date _____	
Action by Registrar _____		Signature _____	Date _____