



Kamagambo University

A Seventh-day Adventist Institution of Higher Learning

APPLICATION FORM

Phone: +254 720729462/+254 711693439 Email: admissions@kamagambo.ac.ke Website: www.kamagambo.ac.ke PO BOX 591-40200

Required Documents for Admission to be send to admissions@kamagambo.ac.ke

Recent

- * Filled Application Form & passport size photo
- * Copy KCSE Certificate/Results Slip
- * Copy of Certificate/Diploma/undergraduate (for up-graders)
- * Copy of Birth Certificate
- * International students will be required to provide the equivalent of these requirements.
- * Copy of School Leaving Certificate
- * Copy of the National ID (If applicable)
- * Transaction message/payment receipt for application fee

First Name: _____ Second Name(s): _____ Surname: _____
(Note: use the same names available in all your documents.)

Phone Number(s): _____ Email: _____

Gender: Male ☐ Female ☐

Date of Birth (dd/mm/yyyy): ____/____/____ Marital Status: Single ☐ Married ☐ Nationality: _____

County: _____ Location: _____ Sub-location: _____

Village/Estate and house number: _____ Passport/National ID: _____

Language of instruction at secondary level or High school: _____ Mother Tongues/First language: _____

Other language (s) spoken: _____ Religion: _____ Denomination: _____

State the name of the place you worship (Indicate Religion / Denomination): _____

Semester for which you are applying: 1st Semester (August) ☐ 2nd Semester (January) ☐ Inter-semester (May) ☐ Year: _____

Desired program: Other (short courses) ☐ Undergraduate ☐ Diploma ☐ Certificate ☐ Postgraduate ☐

Specific area of study: _____ Teaching Subjects: 1 _____ 2 _____

(NOTE: If your area of study is Education, write the two teaching subjects of your choice /Other students to indicate their degree)

Mode of Study: Full time (Face to face) ☐ In-service ☐

While at Kamagambo, where do you plan to stay? University arranged accommodation ☐ Faculty/Staff home ☐ Off campus ☐

How did you find out about Kamagambo? Through: ☐ Kamagambo University Student/Worker (Name) _____

Career Exhibition ☐ Family Member ☐ Social Media (Face-book, instagram...) ☐ Online ☐ Search (google) ☐ Television ☐

Newspaper ☐ KUCCPS Placement ☐

☐ Other _____

Family Information:

Father's Name: _____ Phone Number(s): _____ Email: _____

Religion: _____ Denomination: _____

Mother's Name: _____ Phone Number(s): _____ Email: _____

Religion: _____ Denomination: _____

Legal Guardian/Sponsor's Name If no parents: Name: _____

Phone Number(s): _____ Email: _____

Is either of your parents employed by the Seventy-day Adventist Church? ☐ Yes ☐ No

If yes, name the employer _____

Statement of Consent:

☐ Parent ☐ Guardian ☐ Sponsor

☐ I consent to the applicant's enrollment at Kamagambo University, and affirm my support for this student to join Kamagambo university and that this student will follow all the rules, regulations given by the university authorities in the process of learning.

Name: _____ Signature _____ Date _____

Statement of Financial Responsibility by: ☐ Parent ☐ Guardian ☐ Sponsor ☐ Other _____

☐ I fully accept responsibility for the payment of the applicant's complete tuition and related fees at Kamagambo university. I hereby undertake to ensure that all payments are made in accordance with the University's official time-lines and prescribed procedures.

Name: _____ Signature _____ Date _____

Applicant's Commitment:

☐ I hereby affirm that the information provided in this application is accurate, complete and truthful to the best of my knowledge. Upon admission to Kamagambo University I solemnly commit to upholding its regulations, standards and expectations with integrity in both academic and spiritual life. I will adhere to the university's principles outlined in the Student Handbook and Official Communications, conducting myself in a manner consistent with the university's Seventh-day Adventist heritage. I declare myself to the growth of wisdom, character, and service through a Christ-centered education.

☐ By submitting this application for admission to the K a m a g a m b o University, I hereby acknowledge and consent to the collection, processing, storage, and sharing of my personal data by the University in accordance with the Kenya Data Protection Act, 2019; and Data Protection Policy of Kamagambo University

Name: _____ Signature _____ Date _____

If the applicant is a Minor:

☐ Parent ☐ Guardian ☐ Sponsor ☐ Other _____

☐ I hereby give consent for the collection, processing, storage, and sharing of the personal data of the minor named above by the University, authorized government agencies and regulatory bodies, in full compliance with the provisions of the **Kenya Data Protection Act (2019), the Office of the Data Protection Commissioner's Guidance Note on Processing Children's Data (2025) and Data Protection Policy of the K a m a g a m b o University**

Name: _____ Signature _____ Date _____

Application Fee (Non refundable)

Amount in Kenya Shillings : ☒ 2000 Postgraduate ☒ 1500 Undergraduate ☒ 1000 diploma & certificate

☒ 500 other (short courses, seminars, etc)

Pay through: Mpesa paybill number: **4151775**
Account number: **APPLICATION FEE**

OR Bank: ECOBANK KENYA LIMITED
Branch: **KISII**
Account number: **6622008885**

“TENT MAKERS”

Equipped to Work. Inspired to Serve.

Following the example of Paul, we nurture men and women who combine faith, professional skills, honest work and service to humanity.