



P. O. Box 53942 - 00200 Nairobi. Tel: 2325043 /057-2522912/18
 E-mail: info@augustana-college.com
augustanainfo@yahoo.com
 Website: www.augustana-college.com

FORM A

**APPLICATION FOR
ADMISSION**

**FIX A
PASSPORT SIZE
PHOTOGRAPH
HERE**

SECTION A: Application Instructions

Please return the completed form to the Admissions Office. Be sure to enclose a non-refundable Registration fee of Kshs. 1,000.

SECTION B: Personal Information

Print Here: _____
 Family Name (Surname) First Middle

Permanent Mailing Address: _____
 P.O. Box Number City Country

Mailing Address while attending Augustana College (if known)

 P.O. Box Number City Country

Physical Address (Residential Location) _____ Email Address: _____

Current Marital Status (Check One): Married Divorced Widowed Single Prefer Not to Indicate

Birth Date: _____ / _____ / _____ Phone: (Home) _____
 Month Date Year

Country of Birth: _____ First Language _____ Country of Citizenship: _____

SECTION C: Family Information: Living with: (Please Tick) Mother Father Both Neither

Print Here: _____
 Parent/Sponsor's Name Address City Country

_____ Place of Work Work Phone Email Address

Print Here: _____
 Guardian's Name Address City Country

_____ Place of Work Work Phone Email Address

SECTION D: Emergency Information (Person to contact in an emergency)

Print Here: _____
 Name Relationship Telephone: Day Night

_____ P.O. Box Number City Country Email Address

SECTION E: Mark Correct Box With (√)

GENDER

- Male
- Female

APPLYING FOR

- Foundation
- Pre-University
- Associate Degree (BA)
- CPA
- ABE
- Single subjects

TYPE OF APPLICATION

- Freshman
- Transfer (*from other college*)
- Application for Re-admission (*Previously attended*)

EXPECTED TIME OF ENTRY INTO THE PROGRAM

- January
- March/April
- June
- September

SECTION F: Educational History: List the schools you have attended or will be graduating from and all colleges and/or post secondary schools attended. You must supply all transcripts from each institution listed.

Name of School and Address

City/Country

Dates Attended

Name of School and Address	City/Country	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION G: Statistical Information

OPTIONAL: Ethnic Group

How did you learn about Augustana College?

- Education Expo _____
- Advertisement _____
- Family/Friend _____
- Other (Specify) _____
- Augustana Student (Name) _____
- Another Institution (Name) _____
- Augustana Employee (Name) _____

SECTION H: Work/Employment History

SECTION I:

I certify that the above information is true and correct to the best of my knowledge.

Signature of Applicant: _____

Date: _____

(Please return this form to the Admissions Office, Augustana College together with the other items listed below)

FOR OFFICE USE ONLY

DATE RECEIVED

Registration Fee

Completed Application Form

2 Passport size Photographs

Copy of National ID Card/Birth Certificate/Passport

Copy of Result Slips/Transcripts/Certificates for each school attended

Statement of Sponsorship

Comments:

Date: _____

Receiving Officer: _____