



AMREF INTERNATIONAL UNIVERSITY

OFFICE OF THE REGISTRAR – ACADEMIC AFFAIRS

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STUDENT PERSONAL DETAILS FORM

NOTE:

- i. Complete 2(two) of this form in CAPITAL LETTERS. Attach to each form a passport size photograph.
- ii. The names appearing in this form should be the same official names on your other certificates.
- iii. Information provided will be held confidentially; and only used for purposes of supporting the student receive services.
- iv. The information is true and correct.

*Affix your
current passport
size photograph
here*

1. Full Name (As appears in ID/Birth Certificate)

Last / Surname *First* *Other*

2. University Registration Number: _____ Year of Study: _____

3. Course of Study: _____ Academic Year: 20____/20____

4. School admitted into: _____ Department: _____

5. Mode of Study (Tick appropriate): Full time _____ Part time _____ Blended _____ E-learning _____

6. National ID/ Birth Certificate/Passport No: (Tick appropriate) _____

7. Date of Birth: (DD/MM/YYYY) _____/_____/_____

8. Gender: (Male/Female) _____

9. Your Nationality: _____ Religion: _____

10. Home/Permanent Place of Residence: Village/Estate _____

Location/Parish, _____ District/County _____

Nearest Police Station/School/Church _____

11. Mobile Telephone: _____ E-mail address: _____

12. Do you have any form of disability? (Yes/No) _____ Specify _____

13. Next of kin:

	Name	Relationship	Address/email	Mobile Number
1				
2				

I certify that the information I have provided is correct:

Name

Signature

Date
