



SIPET COLLEGE

COURSE APPLICATION FORM

A:

Date: _____

Name in Full: _____

Sex: Male Female Date of Birth: _____

Nationality: _____ ID / Passport Number _____

Permanent Address: _____

Tel: House: _____ Office: _____

Email: _____ Mobile: _____

If Employed Business Address

Company Name: _____ P.O Box: _____

Town: _____ Tel: _____

Fax: _____ Email: _____

Name of Kin/ Guardian

Name: _____

Tel: _____ Relationship: _____

Name of Sponsor (if different from above) _____

Address: _____ Position: _____

B: Academic & Professional Qualifications

	Name of institution	From	To	Certificate/Diploma/Degree
School				
College				
University				

C: Registration Details

Course you are applying for

Session _____

Intake _____

How did you get to know about Sipet College?

Please bring the following:-

1. 2 colour passport size photos.
2. Copy of certificates (Academic and professional).
3. Copy of ID

Signature _____

Date _____

D: OFFICIAL USE ONLY

Course admitted: _____

Date of admission: _____

ADM No.: _____

Total course cost: _____ Received Ksh: _____ Balance Ksh: _____

Signature: _____ Date: _____