



ISO 9001:2008 Certified

MOI UNIVERSITY

OFFICE OF DEPUTY VICE-CHANCELLOR
(STUDENTS' AFFAIRS)

**Affix Your
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Here**

INTERNATIONAL STUDENTS PERSONAL DETAILS FORM

1. Name _____ ADM. NO _____

2. Passport No. _____ D.O.B _____ / _____ / _____ Gender M F
Date Month Year

3. Nationality _____ Place of birth _____

Permanent address _____

E-mail address _____

4. Campus _____

Program of Study _____

School _____

5. Place of Residence _____ Hostel _____

Room Number _____

6. Name of Next of kin _____

Postal Address _____

Emergency Contact _____ Telephone no _____

E-mail address _____

7. Year of Admission _____ Expected Year of Completion _____

8. Valid International Health Insurance & Visa (Attach Copy)

Name of Company _____ Number _____

Expiry date _____

9. Special needs - English Proficiency

Yes/ No

- Persons with disabilities

Yes/ No

If Yes specify

the nature of disability _____

10. Proof of Financial Support (Please Attach)

N/B: *School Fees: Students outside East Africa Pay 20% more on tuition fee.
All International Students **MUST** report to the International Office House C2 next
to the University pavilion, Main Campus, Kesses.*

The Form to be filled in triplicate.

For Official Use Only

1. Kindly tick as appropriate

• *Non – Refundable Application fee paid*

Yes/ No

• *Official transcripts Submitted*

Yes/ No

International Office

Contacts EMAIL : ipo@mu.ac.ke/ officeinternational13@gmail.com

Student's Signature _____ *Date* _____