

## OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

### CHECKLIST FOR NEW STUDENTS

#### PART A. PERSONAL INFORMATION

Name: ..... Registration No: .....  
School: .....  
Programme: .....  
Academic Year: ..... Campus: .....  
Year of Study: e.g. (1<sup>st</sup>, 2<sup>nd</sup>) ..... Semester: e.g. (1<sup>st</sup>, 2<sup>nd</sup>) .....  
Entry intake: e.g. (Sept 2025) .....  
National ID (Birth Cert) No: ..... SHA No: .....  
**Contact Address:** P.O Box: ..... Postal Code: ..... Town: .....  
Phone No: ..... Email: ..... County: .....  
Signature: ..... Date: (dd/mm/yy): .....

(For Official Use)

#### PART B. ADMISSIONS (VERIFICATION OF ACADEMIC AND ADMISSION DOCUMENTS):

Students National ID/BC No: ..... Admission Letter: ☐ KCSE Certificate/Result Slip: ☐  
Other Relevant Academic Documents: .....  
Name of Verifying Officer: .....  
Signature: ..... Date: (dd/mm/yy) .....  
(Stamp)

#### PART C. STUDENT FINANCE:

Name of the Receiving Officer: .....  
Signature: ..... Date: (dd/mm/yy) .....  
(Stamp)

#### PART D. HOSTEL ROOM ALLOCATION:

Resident: ☐ Hostel Name: ..... Room No: .....  
(NOTE: Confirm booking information on the admissions portal)  
Nonresident: ☐ Place of Residence: ..... (Complete a non-resident form AA/F017)  
Name of the Issuing Officer: .....  
Signature: ..... Date: (dd/mm/yy) .....  
(Stamp)

#### PART E. MEDICAL DOCUMENTS:

Name of the Receiving Officer: .....  
Signature: ..... Date: (dd/mm/yy) .....  
(Stamp)

#### PART F. LIBRARY DEPARTMENT:

Name of the Receiving Officer: .....  
Signature: ..... Date: (dd/mm/yy) .....  
(Stamp)

#### PART G. SIGNING OF NOMINAL ROLL:

Name of the Verifying Officer: .....  
Signature: ..... Date: (dd/mm/yy) .....  
(Stamp)

*(The duly completed checklist MUST be submitted to the Admissions Office for filing)*



# KARATINA UNIVERSITY

## OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

P.O. Box 1957 - 10101 KARATINA

registrararsa@karu.ac.ke/admissions@karu.ac.ke

TEL: +254 (0)716 135 171/(0)723 683 150

www.karu.ac.ke

### **LETTER OF ACCEPTANCE BY THE CANDIDATE**

(To be completed by those accepting the offer)

Dear Sir/Madam,

Student's Name: .....  
(Surname, Middle name, Last name)

Registration Number: .....

National ID/ Birth Certificate Number: .....

With reference to your admission letter offering me a place in the School of .....

For a course leading to the Degree of .....

this is to confirm that **I DO ACCEPT** the offer and **I PROMISE TO ABIDE** by the rules and regulations governing the conduct and discipline of the students of Karatina University and I hereby undertake to complete the course/programme for which I have been accepted at Karatina University unless I am requested to discontinue by the University authorities.

I understand the change of School or Department will be permitted only by the authority of the Senate.

I shall accept the regulations made from time to time for the good order and governance of the University.

Yours faithfully,

.....  
Signature of Student

.....  
Date:



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### STUDENT'S PERSONAL DETAILS

Information provided in this Form is intended to help the University Management understand the student better. It will be used for purposes of improving the student's welfare while at the University.

*Affix Passport Here*

To be completed as **one copy ( 1 copy)** and in **CAPITAL letters**. Attach a coloured passport size photograph taken on a blue background on each form.

1. Student's Name:

.....  
(Surname, Middle name, Last name)

2. Registration Number: .....

3. National ID/ Birth Certificate Number: .....

4. Social Health Authority (SHA) Reg. Number: .....

5. Date of Birth (DD/MM/YY): .....

6. Gender: Male ☐ Female ☐

7. Do you suffer from any Physical impairments? Yes ☐ No ☐ If yes, please give details.

.....

8. Religion: .....

9. Nationality: .....

10. Contact Address: P.O. Box: ..... Code: ..... Town: .....

Mobile Phone No: ..... Email: .....

11. Marital Status: Single: ☐ Married: ☐ Divorced: ☐ Widowed: ☐

If married, Name of Spouse: .....

Occupation of Spouse: .....

Mobile Phone No: ..... Number of Children: .....

12. Next of Kin (Male): ..... Alive ☐ Deceased ☐

Occupation: ..... Date of Birth (DD/MM/YY): .....

13. Next of Kin (Female): ..... Alive ☐ Deceased ☐

Occupation: ..... Date of Birth (DD/MM/YY): .....

14. Number of brothers and sisters: .....

15. Place of Birth (Village/Town): .....
16. Place of Permanent Residence (Village/Town): .....  
 Nearest Town: ..... Location: .....  
 Name of Chief: .....  
 County: ..... Sub-County: .....  
 Constituency: .....  
 Nearest Police Station: .....
17. Give names and addresses of two persons who can be contacted in case of an emergency.
- a. Name: ..... Relationship: .....  
 P.O. Box: ..... Code: ..... Town: .....  
 Mobile Phone No: ..... Email: .....
- b. Name: ..... Relationship: .....  
 P.O. Box: ..... Code: ..... Town: .....  
 Mobile Phone No: ..... Email: .....
18. Name of School attended for 'O' Level: .....  
 Index no: ..... Year Completed: .....
19. K.C.S.E. Results (Mean Grade):  
 .....  
 .....
20. Name of School attended for Primary Level: .....  
 Index no: ..... Year Completed: .....
21. K.C.P.E. Results (Total Marks):  
 .....  
 .....
22. Any other institutions attended and qualifications attained  
 .....  
 .....
23. Games/Sports: Which games are you interested in? .....
24. Clubs, Societies and hobbies. Which Clubs, Societies and Hobbies are you interested in?  
 .....  
 .....
25. Please give any information you think is useful for you to communicate to the University.

I certify that the information I have provided is correct.

.....  
 Signature of Student

.....  
 Date



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### STUDENT'S MEDICAL FORM

#### IMPORTANT:

Students are requested to dully complete **Part I** of this Form. **Part II** should be completed by the Medical Officer examining the student. To be completed in **CAPITAL** letters.

#### PART I

##### a) Student's Name:

.....  
(Surname, Middle name, Last name)

Registration Number: .....

School: .....

National ID/ Birth Certificate Number: .....

Social Health Authority (SHA) Reg. No: .....

Date of Birth (DD/MM/YY): .....

Gender: Male ☐ Female ☐

Nationality: .....

Marital Status: Single: ☐ Married: ☐ Divorced: ☐ Widowed: ☐

Name and contacts of Parent/Guardian/Next of Kin.

i. Name: ..... Relationship: .....

P.O. Box: ..... Code: ..... Town: .....

Mobile Phone No: ..... Email: .....

**b)** Have you ever been admitted into a hospital? Yes ☐ No ☐

If so, state reason for admission and date: .....

**c)** Have you ever had any of the following illnesses (tick appropriately);i. Tuberculosis or other chest infections? Yes ☐ No ☐ii. Fits, Nervous disease or fainting attacks Yes ☐ No ☐iii. Heart Disease or Rheumatic Fever. Yes ☐ No ☐iv. Any disease of the Digestive System. Yes ☐ No ☐v. Allergies to food or drugs. Yes ☐ No ☐vi. Sexually Transmitted diseases. Yes ☐ No ☐vii. Poliomyelitis. Yes ☐ No ☐

If the answer to any of the above is Yes, please give details with dates: .....

.....  
If there are any other - relevant details of your medical history not covered by the above questions, please give particulars. ....  
.....

d) Has any members of your family suffered from:

- i. Tuberculosis. Yes ☐ No ☐
- ii. Insanity or mental illness. Yes ☐ No ☐
- iii. Diabetes Mellitus. Yes ☐ No ☐
- iv. Heart Disease. Yes ☐ No ☐

e) Have you been immunized against any of the following diseases?

- i. Small pox. Yes ☐ No ☐ Date immunized:.....
- ii. Tetanus. Yes ☐ No ☐ Date immunized:.....
- iii. Poliomyelitis. Yes ☐ No ☐ Date immunized:.....

I certify that the information I have provided is correct.

.....  
**Signature of Student**

.....  
**Date**

**PART II - (To be completed by the Examining Medical Officer)**

a) Height. .... Weight. ....

b) Visual Acuity:

Without glasses.....

With glasses R.6 ..... L.6. ....

c) Hearing: Right Ear..... Left Ear.....

d) Condition of: Teeth:..... Throat:.....

Ears:..... Lymphatic glands:.....

Nose:.....

e) Circulatory System: Pulse: ..... Heart.....

Blood Pressure..... Systolic ..... Diastolic.....

f) Respiratory System.....

Chest X-Ray (Optional depending on Clinical findings).....

g) Abdomen: Any Palpable Masses-Physiological or Pathological?.....

.....

Liver.....

Spleen.....

Uterus..... L.M.P.....

h) Urine Albumin..... Sugar.....

i. Is the student on any treatment?.....

ii. Any other observation of importance?.....

.....  
**Name of Examining Medical Officer**

.....  
**Signature**

.....  
**Date & Stamp**

**PART III - (To completed by Karatina University Medical Doctor, after the student has registered with the University)**

Special Remarks:.....

.....

Is the student fit for University Education? Yes ☐ No ☐

.....  
**Name of University Medical Officer**

.....  
**Signature**

.....  
**Date & Stamp**



# KARATINA UNIVERSITY

## LIBRARY DEPARTMENT

### LIBRARY USER FORM

#### **PART A: (To be dully completed by the student)**

NAME: .....  
(Surname, First, Middle)

GENDER: ☐ Male  
☐ Female

SCHOOL: .....REG/PFNO: .....

YEAR OF STUDY: ..... SEMESTER: .....

ID/BIRTH CERTIFICATE/PASSPORT NO.....

P.O. BOX: ..... CODE: ..... TOWN: .....

MOBILE PHONE: (+254).....

HOME/AREA OF RESIDENT: .....

E-MAIL ADDRESS: .....

CATEGORY (Tick one)

☐ Full Time ☐ School Based ☐ Post Graduate ☐ Teaching Staff ☐ Non-teaching staff  
☐ Part Time ☐ Distance Learning Mode

#### **PART B: Name and Address of Contact Person/ Sponsor/ Guardian/ Employer**

NAME: .....

P.O. BOX: .....CODE: ..... TOWN: .....

MOBILE PHONE: .....

I accept to abide by the library rules and regulations in force at the time of my registration.

Signature.....Date.....

#### **PART C:**

\_\_\_\_\_(OFFICIAL USE ONLY)\_\_\_\_\_

LIBRARIAN: ..... SIGN.....

LIBRARY: .....

### STUDENTS NON-RESIDENT FORM

*(To be completed in capital letters - five copies)*

PROGRAMME OF STUDY \_\_\_\_\_ YEAR & SEMESTER OF STUDY \_\_\_\_\_

AREA/ESTATE: \_\_\_\_\_ Signature of Landlord \_\_\_\_\_

STUDENTS SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**NB: STUDENTS WITNESS (MUST BE A RESIDENT IN THE UNIVERSITY HOSTELS)**

SIGNATURE OF STUDENT'S WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

### 1. HOSTELS OFFICER

The student has not been allocated a room in the University Hostels.

NAME OF OFFICER \_\_\_\_\_

SIGNATURE:

DATE \_\_\_\_\_

## 2. DEAN OF STUDENTS

Signature \_\_\_\_\_ DATE: \_\_\_\_\_

**RUBBER STAMP:**

N.B: TO BE RETURNED TO THE DEAN OF STUDENTS OFFICE (IMMEDIATELY)

Cc      Hostels Officer  
Admission Office  
Finance office  
Student's copy



# KARATINA UNIVERSITY

## IMAGE RELEASE CONSENT FORM

Please sign this as a testament that you allow your photo to appear in any official channels including electronic media, newsletters, Facebook, Instagram or other University Associated media.

### **MEDIA CONSENT FORM PUBLISHING STUDENT PHOTOGRAPHS AND STUDENT WORK IN ELECTRONIC AND PRINTED MEDIA**

Name:.....  
Registration Number:.....  
National Identity Card Number:.....  
Age in Years:.....  
P.O. Box.....Postal Code.....Town.....  
Telephone .....

I understand that my photograph and academic work may appear on the Karatina University website, University-related publications and printed or electronic media associated with the University throughout my studies and thereafter. Any such publication is not for profit and neither myself nor my family will be compensated for any such use. I further understand that no address details, email addresses, or telephone numbers will appear with any internally published photograph or published work. However, my first name may be used where my identification in a photograph is necessary. For the purposes of the University annual magazine publication, I also agree that my full name or initials and surname may appear both in text and image, in identifying activities and achievements.

I agree that my photographs and any images published as described will constitute the sole property of Karatina University. I hereby release Karatina University from any and all claims whatsoever in connection with the use, reproduction, publication of the images aforesaid.

Where I do not give consent to the use of such images and student work, It will be my responsibility to take such steps as are reasonable and within my means to ensure that my images or work are not captured. I will bring to the attention of the University's representatives that my images and works are not available for such publication. I will not claim for the use of the images or works where I have expressly, impliedly and/or constructively participated in the capturing of such images or any of my work.

The University undertakes to take all reasonable measures to ensure that, an image is not published in a publication external to the University together with the students' full name or in a manner that there is any obvious association between your name and the image. However, Karatina University cannot and does not accept responsibility for media sources produced outside the Institution or supplied by you for publication, which use or refer to the University name in newspapers or any other media, including online media.

I \_\_\_\_\_, the student whose name appears above, **consent/ do not consent** to the publication of images and name as described in this Consent Form.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Underage Students Guardian Consent**

I \_\_\_\_\_, the parent or legal guardian of the student whose name appears above, **consent /do not consent** to the publication of images of my daughter/son and name as described in this Consent Form.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NB: FORM TO BE SIGNED & RETURNED TO REGISTRAR ACADEMIC AFFAIRS**