



# LUKENYA UNIVERSITY

## JOINING INSTRUCTIONS

### 1. LETTER OF ACCEPTANCE (JI/1)

Form **JI/1** to be completed and returned during registration.

### 2. STUDENTS PERSONAL DETAILS

You are required to complete Form **JI/2**. You should also submit

**FOUR PASSPORT SIZE PHOTOGRAPHS (Colour)** together with Form **JI/2**. Please make sure that you have written your name, registration number and course on the back of each photograph. The photographs should be of good quality.

### 3. MEDICAL EXAMINATIONS (JI/3)

For health reasons, you will be expected to undergo regular medical examinations. Dental and Optical Treatment - The University does not provide dental or optical treatment. However we shall make arrangements for any student in need.

### 4. MEDICAL CONSENT FOR MINORS (JI/4)

Parents (or guardians of students who are under 21 years of age are required to sign **FORM JI/4**

### 5. FEES (JI/5)

Fees is payable on admission. We accept installment plan for special cases.

### 6. Student declaration For Admission. (JI/6)

We expect students to declare to abide by the rules governing Lukenya University by filling **Form JI/6**

**LUKENYA UNIVERSITY**  
**LETTER OF ACCEPTANCE BY THE CANDIDATE**

**SECTION A:**

Dear Sir/Madam,

Candidate's Name \_\_\_\_\_  
(Surname)

\_\_\_\_\_  
(Other names)

K.C.S.E. Index No. \_\_\_\_\_ Year \_\_\_\_\_

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

\_\_\_\_\_

For a course leading to the Certificate/Diploma/Degree of

\_\_\_\_\_

This is to confirm that

**I DO ACCEPT** the offer and **I PROMISE TO ABIDE** by the Rules and Regulations governing the Organization, Conduct and Discipline of the Students of the Lukenya University. I also undertake to obey the instructions of the University Authorities at every level of administration.

**FULL NAME:** \_\_\_\_\_

**I.D. NO.:** \_\_\_\_\_

**SCHOOL/DEGREE COURSE ADMITTED:** \_\_\_\_\_

**UNIVERSITY REGISTRATION NO.:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**LUKENYA UNIVERSITY**

**STUDENT'S PERSONAL DETAILS (Deans Copy)**

2 colored Passport size photographs

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

(To be completed in triplicate (i.e. three copies) and in capital letters)

1. Full Name: (Surname first) \_\_\_\_\_

2. Gender: Male/Female \_\_\_\_\_

3. National Registration Number (I/D) \_\_\_\_\_

K.C.S.E. Index No. \_\_\_\_\_ YEAR \_\_\_\_\_

4. University Registration Number \_\_\_\_\_

5. Date of birth \_\_\_\_\_

6. Religion \_\_\_\_\_

7. Nationality \_\_\_\_\_

8. Contact address \_\_\_\_\_

Cell Phone No. \_\_\_\_\_ Email address \_\_\_\_\_

9. a) Marital status \_\_\_\_\_

b) Name and address of spouse (if married) \_\_\_\_\_

10. Full name of father/guardian \_\_\_\_\_

11. Full name of mother \_\_\_\_\_

12. a) Occupation of father/guardian \_\_\_\_\_

b) Occupation of mother \_\_\_\_\_

13. Name/s of brothers and sister/s and addresses \_\_\_\_\_

14. Place of birth Village/Estate \_\_\_\_\_

Location/Street \_\_\_\_\_ Name of Chief \_\_\_\_\_

Sub-County \_\_\_\_\_ County \_\_\_\_\_

15. Place of Permanent Residence: Village/Estate: \_\_\_\_\_

16. Give names and addresses of two persons who can be contacted in case of emergency

NAME	RELATIONSHIP	ADDRESS & TEL.NO
i)	_____	_____
ii)	_____	_____

17. Name and address of secondary school attended \_\_\_\_\_

Date \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

18. K.C.S.E. results - (Subjects and grades)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Any other institutions attended and qualifications attained \_\_\_\_\_

\_\_\_\_\_

21. Games/Sports: Which games are you interested in? \_\_\_\_\_

\_\_\_\_\_

22. If you represented your school, etc. in games please give details. \_\_\_\_\_

\_\_\_\_\_

23. Clubs, Societies and Hobbies: Which clubs, societies and hobbies are you interested in?  
Please give details of your participation. \_\_\_\_\_

\_\_\_\_\_

24. Do you suffer from any impairment? If so give details. \_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_ Date \_\_\_\_\_

**Copy:** Senior Medical Officer,  
Academic Registrar,  
Dean of the School

**LUKENYA UNIVERSITY**  
**STUDENT ENTRANCE MEDICAL EXAMINATION**

**REGISTRATION NO:** \_\_\_\_\_

**IMPORTANT:**

It is a University requirement that all the students joining the University must complete **Part 1** of this form. Thereafter he/she must complete **Part II** with assistance of a qualified and registered medical doctor. **Part III** will be filled by the examining doctor who will thereafter print on the form his full name.

The completed form must be submitted to the office of the Senior Medical Officer, Lukenya University, P.O. Box 8 - 90129, NGWATA on or before the time of registration for further appropriate action.

Any student seeking medical treatment at the University Clinic must identify himself/herself using Student Identity Card.

The Students are eligible for outpatient services at the University Clinic only.

Please note that the medical services are provided only when the students are in session. Privately sourced medical services outside the University Clinic will not be honored or paid for.

For full information regarding the students' medical scheme, please check on the Students Information Handbook.

**PART 1:**

SURNAME: \_\_\_\_\_ OTHER NAMES: \_\_\_\_\_

SEX: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_ NO. OF CHILDREN: \_\_\_\_\_

NAME OF PARENT/GUARDIAN/NEXT OF KIN: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

TELEPHONE NO (HOME): \_\_\_\_\_ OFFICE: \_\_\_\_\_

**PART II:** (To be completed by the student with the doctor's help)

Have you ever been admitted into hospital? \_\_\_\_\_

If so, when and for what illness \_\_\_\_\_

Have you ever suffered from any of the following? \_\_\_\_\_

Allergy	Yes/No	Infectious Mononucleosis	Yes/No	Jaundice/Hepatitis	Yes/No
Anemia		Yes/No		Peptic Ulcer	Yes/No
Asthma		Yes/No		Mental illness	Yes/No
Back problem		Yes/No		Poliomyelitis	Yes/No
Bilharzia		Yes/No		Severe headaches	Yes/No
Bladder problem		Yes/No		Surgery	Yes/No
Chest infections		Yes/No		Thyroid disease	Yes/No
Diabetes mellitus		Yes/No		Tuberculosis	Yes/No
Epilepsy		Yes/No			

Eye problem	Yes/No	Speech problem	Yes/No
Heart disease	Yes/No	Hearing problem	Yes/No
High blood pressure	Yes/No	Sexually transmitted disease	Yes/No
Blood transfusion	Yes/No	Irregular menstrual periods	Yes/No
Are you on any treatment now?	Yes/No	HIV infection	Yes/No
AIDS	Yes/No		

If the answer to any of the above is YES, please give details \_\_\_\_\_

\_\_\_\_\_

Who's your doctor? \_\_\_\_\_

Any other medical cover? \_\_\_\_\_

**FAMILY MEDICAL HISTORY:**

Has any member of your family suffered from any of the following?

Diabetes mellitus	Yes/No	Heart disease	Yes/No
Bronchial asthma	Yes/No	High blood pressure	Yes/No
Mental illness	Yes/No	Sickle cell disease	
Yes/No			
Tuberculosis	Yes/No		

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PART III:** (To be completed by the Examining Doctor) \_\_\_\_\_

Immunization \_\_\_\_\_ (*Attach copy of immunization record*).

Height \_\_\_\_\_ Weight \_\_\_\_\_ Any deformity \_\_\_\_\_

Visual Acuity \_\_\_\_\_ LE 6 \_\_\_\_\_ RE 6 \_\_\_\_\_

Hearing \_\_\_\_\_ Nose \_\_\_\_\_ Throat \_\_\_\_\_

Lymphatic glands \_\_\_\_\_

**CARDIOVASCULAR SYSTEM:**

Pulse \_\_\_\_\_ /minute Regular/irregular \_\_\_\_\_

Heart sounds \_\_\_\_\_ Blood pressure \_\_\_\_\_

**RESPIRATORY SYSTEM:**

Clinical findings \_\_\_\_\_ Respiratory rate \_\_\_\_\_

Percussion \_\_\_\_\_ Auscultation \_\_\_\_\_

CXR, X-Ray and report should be submitted together with the form.

**ALIMENTARY SYSTEM:**

Teeth \_\_\_\_\_ Tongue \_\_\_\_\_ Abdomen \_\_\_\_\_

**GENITO-URINARY SYSTEM:**

Urethral discharge \_\_\_\_\_ L.M.P \_\_\_\_\_ Uterus \_\_\_\_\_

Urine \_\_\_\_\_ S.G \_\_\_\_\_ Albumin \_\_\_\_\_ .Sugar \_\_\_\_\_

Deposit \_\_\_\_\_

HIV test \_\_\_\_\_

**COMMENTS BY THE EXAMINING DOCTOR:**

\_\_\_\_\_  
\_\_\_\_\_

DOCTOR'S NAME (Printed) \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ Official Stamp \_\_\_\_\_

**PART IV:**

**COMMENTS BY THE UNIVERSITY SENIOR MEDICAL OFFICER:**

Special remarks \_\_\_\_\_

Does the student require any special medical needs? \_\_\_\_\_

\_\_\_\_\_

**SENIOR MEDICAL OFFICER**  
**UNIVERSITY CLINIC** \_\_\_\_\_

**DATE** \_\_\_\_\_

**LUKENYA UNIVERSITY****EMERGENCY OPERATIONS**

**This applies to students who are minors (i.e. under 21 years of age)**

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

Course Admitted to \_\_\_\_\_

Registration No. \_\_\_\_\_

Approval of your parents (or guardian) is required for the Vice Chancellor of Lukenya University to give consent on their behalf, for any emergency operation to be carried out on you should a situation calling for such an operation arise. Parents (or guardians) are therefore required to complete the consent form below if you are less than 21 years of age.

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**FORM OF CONSENT**

I agree that the Vice Chancellor of the Lukenya University may give consent for any emergency operation being performed on \_\_\_\_\_ (insert name), if it has not proved possible to contact me in time.

**Name** \_\_\_\_\_

**Signed**  
\_\_\_\_\_

**Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Date** \_\_\_\_\_





## LUKENYA UNIVERSITY

### FEES STRUCTURE

#### INTAKES IN JANUARY, MAY AND SEPTEMBER

S C H O O L O F E D U C A T I O N		
COURSE NAME	MINIMUM REQUIREMENTS	TUITION FEES PER SEMESTER (KSH)
Bachelor of Education	KCSE C+	38,000 Full time 27,500 School Based
Diploma in Teacher Education (DTE)	KCSE C+ (C+ in the subject of specialization, C in English, C in Mathematics for Science Option and D+ in Mathematics for Humanities)	20,000 Full time 16,000 School Based
Primary Teacher Education (PTE)	KCSE C	16,000 Full Time 12,500 School Based
ECDE Dip	KCSE C or P1 Certificate or ECDE certificate	20,000 Full Time 16,000 School Based
ECDE Cert	KCSE D+	16,000 Full Time 12,500 School Based
S C H O O L O F B U S I N E S S		
Bachelor of Commerce Business Management		38,000/- Full time
Supply Chain Management		20,000/- Diploma 16,000/- Certificate
Human Resource Management		
S O C I A L W O R K A N D P U B L I C A D M I N I S T R A T I O N		
Social Work & Community Development		20,000/- Diploma 16,000/- Certificate
S C H O O L O F T E C H N I C A L S T U D I E S		
General Agriculture		
Building Construction Technology		20,000/- Diploma 16,000/- Certificate
Food & Beverage		
Certificate in Information Technology		

## Other Charges

	FULL TIME				SCHOOL BASED		
N O	ITEM	1 <sup>ST</sup> SEMESTER	2 <sup>ND</sup> SEMESTER ONWARDS		ITEM	1 <sup>ST</sup> SESSION	2 <sup>ND</sup> SESSION ONWARDS
1	Boarding	6,000.00	6,000.00		Boarding	1,500	1500
2	Medical	1,000.00	500.00		Medical	250	
3	Activity	800.00			Activity	250	
4	End of term exams	1,000.00	1,000.00		End of term exams	1,000	
5	Student Council	700.00	700.00		Registration	500	
6	Registration	1,000.00			Student ID Card	500	
7	Student ID Card	500.00			Caution Money	1,000	
8	Caution Money				IT & Computer	1000	1000
9	IT & computer	1,000.00	1,000.00				
10	Library	500.00	500.00				
	<b>TOTAL</b>	<b>12,500.00</b>	<b>9,700.00</b>		<b>TOTAL</b>	<b>6,000.00</b>	<b>2,500</b>

### NOTE:

- Attachment/Teaching practice fee is payable in the third year of study.
- Students are advised to have at least Sh. 100 per day for meals
- The fees structure is subject to revision at the discretion of the University.

## Admission Requirements

### Certificate Courses

Applicants must possess a minimum of grade D (Plain) in KCSE or its equivalent. Upon successful completion of the Certificate programme, a student can continue up to the Lukenya University Diploma programmes.

### Diploma Courses

The minimum requirement for entry into Lukenya diploma programme is a C- (minus) in KCSE or a Principal Pass in A levels, or a recognised certificate or 4 credits in GCE, or their equivalent qualifications.

### Undergraduate Programmes

To join Lukenya's Bachelor's programme a candidate needs a C+ (plus) and above in KCSE or, 5 Credits in IGCSE; or 2 Principal passes in 'A' level or Division 2 in GCE or 50% from other countries using percentages; or a recognised diploma, CPA (K) entry to commerce degree. Some subject specialisms have additional requirements; kindly see the university [website](#) for details.

## LUKENYA UNIVERSITY ACCOUNT NUMBER(S) FOR FEE PAYMENT

ACCOUNT NAME	BANK	BRANCH ACCOUNT NUMBER
Lukenya University	Co-op bank, Athi river branch	01120065233804
Lukenya University	KCB Bank, Mtito Andei Branch	1179910354

## LUKENYA UNIVERSITY

### REGULATIONS GOVERNING THE ORGANIZATION CONDUCT AND DISCIPLINE OF STUDENTS AT THE UNIVERSITY

#### DECLARATION

I, \_\_\_\_\_ ID.No. \_\_\_\_\_

declare that I have read the regulations governing the Organization, Conduct and Discipline of Students at the Lukenya University, and understood their content and meaning, and undertake to abide by them.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SCHOOL ADMITTED TO & DEGREE COURSE** \_\_\_\_\_

**KCSE INDEX NO.** \_\_\_\_\_ **YEAR** \_\_\_\_\_

**UNIVERSITY REGISTRATION NO.** \_\_\_\_\_