



**READ THE APPLICATION INSTRUCTIONS BEFORE COMPLETING THIS FORM**

COMPLETE ALL APPROPRIATE SECTIONS IN CAPITAL/BLOCK LETTERS AND RETURN WITH SUPPORTING DOCUMENTS **(See Checklist on Page 2)** TO:

USIU-A Admissions Office  
 P.O. Box 14634 - 00800  
 NAIROBI, KENYA  
 Tel: [+254-020] 3606 000/3606 300  
 Fax [+254-020] 3606 100  
 Email: [admit@usiu.ac.ke](mailto:admit@usiu.ac.ke)  
 Web: [www.usiu.ac.ke](http://www.usiu.ac.ke)

**GLOBAL EXECUTIVE  
 MASTER OF  
 BUSINESS  
 ADMINISTRATION  
 – HEALTH  
 (GeMBA-H)  
 APPLICATION  
 FORM**

AFFIX RECENT  
 PASSPORT SIZE  
 PHOTOGRAPH  
 HERE

<input type="checkbox"/>	Mr.	<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<input type="checkbox"/>	M/s			

Other Name(s)/Maiden name, if any \_\_\_\_\_

**Current Mailing Address**

Street Address		P. O. Box Number	
City/Town		State/Province	
Zip/Postal		Country	
Daytime Phone	Evening Phone	Fax Number	
E-mail			

**Personal Information**

Date of Birth: Month	Day	Year	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Place of Birth		Citizenship	Marital Status	
National Id no.		Passport No.		

**Next of Kin Details (Indicate Emergency Contact in Nairobi)**

Name _____	Address _____	Fax _____
Telephone _____	Email _____	

**EDUCATION**

PLEASE LIST ALL UNIVERSITIES/COLLEGES ATTENDED IN THE FOLLOWING SECTIONS.

NAME OF UNIVERSITY/COLLEGES	CITY & COUNTRY	YEARS ATTENDED	No. of YEARS SPENT	NAME OF DIPLOMA/ DEGREE AWARDED
		to		
		to		
		to		

**If employed State:**

COMPANY NAME	POSITION (TITLE)	DURATION
_____	_____	_____

**ATTESTATION**

I hereby certify that the information given in this application is correct and complete to the best of my knowledge, and hereby give my permission to the Admissions Office to obtain any verification deemed necessary to process my application. I further certify that I will arrange for the forwarding of official transcripts as requested in the instructions, and that such transcripts become the property of the university and will neither be forwarded to another institution not returned to me. Finally, I acknowledge that completing an application form does not guarantee admission.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IT IS MANDATORY TO SIGN YOUR APPLICATION FORM BEFORE RETURNING IT TO USIU-A**

**KINDLY NOTE THIS PROGRAM IS OPEN TO HEALTH PRACTITIONERS ONLY**

**APPLICATION CHECKLIST**

Have you provided the following?

- Complete and signed application form (**Please observe deadline**).
- Non-refundable Application Fee (**KShs. 3,000 or US\$ 50**) – No Cash Payments.  
**See Bank account details on the website [www.usiu.ac.ke](http://www.usiu.ac.ke)**
- Official/Original and Copies of all the Degree Certificates and accompanying transcripts as attained. (**Originals will be returned**)
- Your curriculum vitae/resume.
- One (1) recent passport size photograph (write your name on reverse side).
- Copy of National Identity (ID) Card or National Passport.
- Two (2) Letters of Recommendation.

**NOTE: \* ONLY COMPLETED APPLICATIONS WILL BE PROCESSED and USIU-A RESERVES THE RIGHT OF ADMISSION**