



MASTER OF BUSINESS ADMINISTRATION

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-Africa Admissions Office
 P. O. Box 14634 - 00800
 NAIROBI, KENYA
 Cell: [+254-730] 116 000/300
 Fax: [+254-020] 3606 100
 Email: admit@usiu.ac.ke
 Web: www.usiu.ac.ke/mba

AFFIX RECENT
 PASSPORT SIZE
 PHOTOGRAPH
 HERE

Bio-Data

<input type="checkbox"/> Mr. <input type="checkbox"/> M/s	Last Name	First Name	Middle Name
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Other Name(s)/Maiden name, if any _____

Concentration and Time applying for: *(Please select ONE only)*

<input type="checkbox"/> Global Business Management <input type="checkbox"/> <i>Day Classes (9.00am ~ 6.00pm)</i> <input type="checkbox"/> <i>Evening Classes (5.40pm ~ 9.00pm)</i>	OR	<input type="checkbox"/> Health Leadership & Management <input type="checkbox"/> <i>Day Classes (9.00am ~ 6.00pm)</i> <input type="checkbox"/> <i>Evening Classes (5.40pm ~ 9.00pm)</i>
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Current Mailing Address

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

Personal Information

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

Next of Kin details *(Indicate e mergency contact in Nairobi)*

Name _____ Address _____

Telephone _____ Email _____

EDUCATION

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

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

If employed, please 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-AFRICA

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
- Official/Original and Copies of all the Degree Certificates and accompanying transcripts as attained.
(Originals will be returned).
- Your updated curriculum vitae/resume.
- One (1) recent passport size photograph (write your name on reverse side).
- Copy of National Identity (ID) Card, or Birth Certificate or National Passport.

INTERNATIONAL APPLICANTS WILL BE REQUIRED TO PROVIDE ADDITIONAL DOCUMENTATION & PAYMENTS

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