TANGAZA UNIVERSITY COLLEGE

The Catholic University of Eastern Africa

APPLICATION FOR ADMISSION

(Undergraduate programmes)



For Enquiries:

P. O. Box 15055 00509 Nairobi – KENYA

Tel: +254-20-8067667/0732897000/0722204724

E-mail: inquiries@tangaza.ac.ke **Website:** www.tangaza.ac.ke

This form should be completed in typed or printed block capitals and submitted to the college.

PERSONAL DATA (Please Type or Print)					
SURNAME		FIRST NAME			
OTHER MANES		GENDER: □MALE □FEMALE			
OTHER NAMES	l				
CITIZENSHIP/COUNTRY OF ORIGIN		PASSPORT or ID NO. (Indicate which)			
		·			
DATE OF BIRTH (DD/MM/YY)		TOWN/PLACE OF BIRTH			
		MARITAL STATUS: □SINGLE □MARRIED			
RELIGIOUS AFFILIATION					
FOR RELIGIOUS: □PRIEST □DEACON	□SISTER	□BROTHER			
DIOCESE		CONGREGATION			
CONTACT INFORMATION (Please Type of	or Print)				
PERMANENT ADDRESS					
TELEPHONE NUMBER		E-MAIL			
CONTACT IN EMERGENCY SITUATIONS		E-MAIL			
CONTACT IN EMERGENCE STRUCTIONS	NEXT OF RIN				
NAME					
ADDRESS	TELEPHONE NO.				
PROGRAMME/COURSE INFORMATION (Print)			
REGISTRATION/STUDENT STATUS (Tick					
FULLTIME PART-TIME AUDITING		□WEEKEND □DISTANCE LEARNING			
SCHOOL/INSTITUTE AND PROGRAMME	APPLYING TO:	(Tick as appropriate)			
School of Theology	_	7			
☐ Bachelor in Theology (STB)		Bachelor of Theology (BATh)			
☐ Bachelor in Philosophy		Diploma in Theology			
☐ Diploma in Philosophy		Certificate in Theology			
☐ Certificate in Philosophy]Studium			
□No award					
Institute of Social Transformation (IST)					
☐Bachelor of Arts in Sustainable Human Dev	elopment \Box	Diploma in Sciences of Human Development			
☐ Diploma in Social Ministry		Diploma in Civic and Development Education			

☐ Diploma in Social Entrepreneurship		□ Diploma in Cloud and Data Science				
☐ Certificate in Justice, Peace and Integrity of Creation		☐ Certificate in Sciences of Human Development				
☐ Certificate in Practical Social Work		□Certificat	e in Social Minis	stry		
☐ Certificate of Participation		□No awar	□No award			
Institute of Youth Studies (IYS)						
☐ Bachelor of Arts in Counselling Psychology		☐ Bachelor of Arts in Child and Youth Studies				
☐ Bachelor of Arts in Youth Ministry		□ Diploma in Child and Youth Studies				
☐ Diploma in Youth Ministry and Catechetics		□ Diploma in Counselling Psychology				
☐ Certificate in Catechetics		☐ Certificate in Child and Youth Studies				
☐ Certificate in Counselling Psychology		☐Certificate in Music				
☐ Certificate in Child Safeguarding and Protection		□No Award				
Institute of Spirituality and Religious Formation (ISRF)						
☐ Diploma in Spirituality/Spiritual Guidance		□ Diploma in Religious Formation				
□ Diploma in Spirituality		☐Certificate in Spirituality				
□No Award						
Institute of Social Communication (IS	SC)					
☐ Bachelor of Arts in Social Communication		□ Diploma in Social Communication				
☐ Certificate in Media Production		□No Award				
Centre for Leadership and Manageme	nt (CLM)					
☐ Bachelor of Arts in Leadership and Management		□ Diploma in Leadership and Management				
□ Diploma in Leadership and Resource Management		☐ Certificate in Leadership and Management				
☐ Diploma in Procurement and Supply Chain Management		□ No Award				
☐ Certificate in the Practice of Organizatio	nal Leadership					
School of Education (Christ the Teach	er Institute for	Education-	CTIE)			
☐Bachelor of Education (Arts)		☐ Bachelor of Education (Science)				
□Diploma in Education (Arts)		□ Diploma in Education (Science)				
□ Diploma in Business Information Technology		\square Diploma in Early Childhood Development and Education				
Anticipated duration of studies for yo	ur programme:	□1 Year	☐2 Years	☐3 Years	☐4 Years	
PAST ACADEMIC INFORMATION (Atta	ch Supporting	Documents				
HAVE YOU EVER STUDIED AT TANGAZ	A UNIVERSITY	COLLEGE E	BEFORE?			
□No □Yes If yes, Previous Student II	□ No □ Yes If yes, Previous Student ID Number Year of Enrolment: From to					
School/Institute						
UNIVERSITIES/COLLEGES ATTENDED (List and attach supporting documents)						
Institution	Duration	Programn	ne/Award		Mark/Grade/GPA/ Honours	

HIGH/SECONDARY SCHOOLS A	TTENDED (List and a	attach supporting documents)				
Institution	Duration	Programme/Award	Mark/Grade/GPA/ Honours			
RECOMMENDATION AND SPONS	SOPSHID (Please to	(no or print)				
Recommending Authority	oksiiir (riease t)	pe or princy				
Recommending Additiontly						
NAME		CONGREGATION/DIOCESE/ORGANIZATION				
ADDRESS		TELEPHONE NUMBER/MOBILE F	TELEPHONE NUMBER/MOBILE PHONE NUMBER			
FAX		E-MAIL				
SIGNATURE		-	DATE			
Indicate How The Fee Will Be Pa	aid		DATE			
Indicate now the ree will be re	aid					
Comback of Commons						
Contact of Sponsor		I				
NAME		CONGREGATION/DIOCESE/ORG	GANIZATION/PARENT/SPONSOR			
ADDRESS		TELEPHONE NUMBER/MOBILE PHONE NUMBER				
FAX		 EMAIL				
SIGNATURE		DATE				
sponsoring community, province sponsoring students in the College		ongregation has more than one co blank):	ommunity, house or province			
		,				
COMMUNITY/PROVINCE/HOUSE						
APPLICANT'S SIGNATURE						
I attest that the information provide	d in this form is true,	correct and accurate.				
APPLICANT'S SIGNATURE			DATE			
ADDITIONAL INFORMATION						
Do you have any form of Disability						
□Yes □No						
If YES what is the nature of your o	lisahility					
I I LO WHAT IS the nature or your t	попринсу					

How did you find out about Tangaza University College:				
□Word of Mouth □Newspaper □Television □Church Visit □Exhibition □Flyer/Brochure □Career Day				
□School Visit □Career Guidance Session □Other (State)				
FOR OFFICIAL USE ONLY				
Application Number				
APPLICATION FEE				
Amount: KShs Receipt No Date				
INTERVIEW PROCESS (Where applicable)				
Date of Interview Name of Interviewer				
Recommendation:				
Signature				
ADMISSION COMMITTEE				
The above has been: Admitted Rejected Admitted conditionally				
By the Admission Committee of the Day of the Month of of the Year				
SCHOOL/INSTITUTE AND PROGRAMME ACCEPTED INTO: (Fill this portion only if the applicant is accepted/admitted)				
School/Institute:				
Programme:				
Semester/Trimester Commencing Studies:				
Duration of Studies: ☐1 Year ☐2 Years ☐3 Years ☐4 Years ☐Other				
Status: FULLTIME PART-TIME AUDITING EVENING WEEKEND DISTANCE LEARNING				
Special conditions for admission or comments:				
DEACON(C) FOR REJECTING THE ARRIVGANT. (Fill this neution if the applicant is rejected)				
REASON(S) FOR REJECTING THE APPLICANT: (Fill this portion if the applicant is rejected) □ Lack of Adequate Academic Qualification □ Lack of Adequate Language Proficiency				
□ Lack of Required Experience □ Lack of Adequate Preparation to Join the Programme				
Other (State)				
Dean/Director's Signature:				
Registrar's Signature:				
Registration Number:				
CHECKLIST/DOCUMENTS TO SUBMIT WITH THIS APPLICATION				
□ Application fee of KShs. 1,000 □ Copies of relevant Higher Diplomas, Diplomas and certificates				
□Copy of your ID/Passport □High School/Secondary School Certificate				
☐Two (2) passport sized photos ☐Curriculum Vitae/Resume				
☐Copies of all your degrees ☐Recommendation/Reference Letters				
□Copies of all transcripts □Letter of interest				