INFORMATION TO NEW STUDENTS AND JOINING INSTRUCTIONS

(University of Nairobi Module II &III Programmes)

1. REGISTRATION AND ORIENTATION

Registration of students will take place as per the attached orientation program.

2. <u>LETTER OF ACCEPTANCE (PP/1A)</u>

Form PP/1A to be completed in duplicate and returned during registration.

3. NON-ACCEPTANCE OF OFFER/DEFERMENT OF REGISTRATION (PP/1B)

If you do not accept the offer of admission or would like to defer your registration, you must complete **FORM PP/1B** in duplicate and return it to the Academic Registrar, with a copy to the Dean/Director of the Faculty/Institute/School.

4. **DECLARATION FOR ADMISSION (PP/2)**

All candidates accepting an offer of admission must undertake to complete the course they have been admitted to.

Every student must sign the declaration **FORM PP/2**, signifying that they have understood the content and meaning of the Rules and Regulations Governing the Organization, Conduct and Discipline of students. The signed declaration must be submitted during registration.

Students are expected to adhere at all times to the parameters of discipline as spelt out in the declaration.

THE BOND (PP/3)

Attached to the declaration form is a **BOND** governing admission, re-admission and studentship. Students are expected to familiarize themselves with the conditions spelt out in the **BOND** and to have it executed as required. The executed **BOND** must be returned to the University on registration day.

6. FEES SCHEDULE

Students are advised to familiarize themselves with information provided in **FORM PP/4** regarding fees and to make the necessary arrangement to pay on or before the registration day.

7. SPONSORSHIP FORM (PP/5)

All students who will be sponsored by their parents/guardians or any other sponsors other than themselves should have **FORM PP/5** completed as soon as they receive the offer of admission.

8. FOREIGN STUDENTS

Foreign students are advised to ensure that they have passports that are valid for the duration of their stay in Kenya. They should also make the necessary arrangements to get requisite re-entry permits in the event that they have to travel during the course of their studies. It is the duty of the students to ensure that the relevant immigration formalities (such as the acquisition and renewal of Pupils Pass) are compiled with as per the statutory requirements. Any foreign student who encounters difficulties in processing the Pupils Pass may consult the Academic Registrar's Office for assistance.

LETTER OF ACCEPTANCE BY THE APPLICANT

SECTION A: (To be completed in Duplicate by those ACCEPTING the offer)

Dear Sir,		
Applicant's Name	(Surname)	(Other names)
Application Reference	Number	
With reference to your	e letter offering me a place in the Facult	ty/Institute of
		for a course leading to the
award of Certificate/I	Diploma/Degree	
under the University	of Nairobi Module II Programmes,	this is to confirm that I DO ACCEPT the
offer, and I undertake	to pay the prescribed fees and to abide	by the Rules and Regulations Governing the
Organization, Conduct	t and Discipline of the students of the U	Jniversity of Nairobi.
ID NO./PASSPORT	NO	
UNIVERSITY REGI	STRATION NUMBER	
SIGNATURE		DATE

NON-ACCEPTANCE/DEFERMENT FORM

(To be completed in duplicate by those NOT ACCEPTING the offer or DEFERRING REGISTRATION)

Dear Sir	
Applicant's Name	
(Surname)	(Others)
Application Reference No	University Registration No
With reference to your letter offering me a place in t	he Faculty/Institute of
for course leading to the award of Certificate/Diplon	na/Degree
under the University of Nairobi Module II Programs offer/wish to defer my registration) due to the following	mes, this is to inform you that I (*will not accept the owing reasons:
* Delete whichever is not applicable	
REASON	MARK X WHERE APPLICABLE
Family/social problems	
Health	
Lack of funds	
Any other reason (s) - Please specify	
Do you wish to defer your registration? (Yes/No)	
If Yes, up to when?	
NB: THOSE DEFERRING THEIR REGISTRA YEARS WILL BE REQUIRED TO APPLY AFF	ATION FOR A PERIOD LONGER THAN TWO RESH
Name	
Signature	Date

DECLARATION FOR ADMISSION

(To be completed in Duplicate)

I	
holder of National Identity Card/Passport No	
and University Registration No	- having been notified
of my admission to the Faculty/Institute of	
for a course leading to the award of Certificate/Diploma/Degree	
under the University of Nairobi Module II Programmes DO HEREBY bind	myself solemnly and
undertake to comply with the following conditions:	

- 1. That throughout my academic pursuit and stay in the University, I will as other citizens of the country conduct myself in accordance with the provisions of the Laws of Kenya.
- 2. That I will diligently apply myself to my prescribed course of study within the University in accordance with the relevant statutes, rules, syllabi and practices of the University.
- 3. That I undertake to attend all scheduled lectures, tutorials, seminars, practicals and all other instructional activities that will be required of me by the University authorities during my academic pursuit in the University, and also undertake to use the library and other facilities responsibly.
- 4. That I acknowledge and duly submit myself to the disciplinary authorities of the University as defined in the Rules and Regulations Governing the Organization and Conduct of Students of the University. In particular:
 - a) bind myself to refrain from engaging in any unlawful activities that may be deemed to be prejudicial to the interest of the University and other students and in particular I will abstain from inciting, obstructing or in any manner stopping any other students from attending lectures or obstructing a member of the University from giving lectures or such other instructions.
 - b) undertake not to convene or join any unauthorized and/or unlawful demonstrations, processions, gatherings and activities or in any way to be a party to any activities deemed prejudicial to the good order and running of the University.
 - c) Undertake at all times to conduct myself in such manner as to uphold the dignity of the University and not to permit anyone to influence me to commit any breach of rules, regulations or practices of the University; and
 - d) Undertake to conduct myself at all times, within and outside the precincts of the University, in a responsible and socially acceptable manner which upholds the dignity of and public confidence in the University.

; ,	That I bind myself by this instrument fully conscious that should I be found in breach of any of the above conditions, or should I in any way conduct myself in a manner prejudicial to the University, other students, members of the University or members of the public, I shall be subject to disciplinary action as set out by the University; and
	That I unconditionally execute the relevant BOND governing students' admission, re-admission and studentship, as required of me by the University.
Dated th	nis day of 20
Signed -	
Witness	to the above signature Parent/Guardian/Sponsor

Dean of the Faculty -----

BOND

GOVERNING STUDENTS ADMISSION, RE-ADMISSION INTO, AND STUDENTSHIP UNDER THE MODULE II PROGRAMMES

- **THIS BOND** is made by the University Council and Senate (hereinafter referred to as 'The Enacting Authority') and forms part of the binding terms and conditions upon which anyone may be admitted, re-admitted into, or permitted to remain in studentship in the University under the Module II Programmes.
- 2. THIS BOND shall be considered ready for execution as from 1st January 1998 and once executed shall remain in force in its present form for all students governing their admission, re-admission and studentship throughout their tenure of studentship, subject to such special decision as the Enacting Authority may its sole discretion take in relation to particular cases, until such time as the Enacting Authority may vary the bond's content, in such manner as the Enacting Authority may deem fit.
- 3. THIS BOND shall bind jointly and severally all persons being admitted or re-admitted into, or allowed to remain in studentship in the University, and their Parents/Guardians/Sponsors and the Enacting Authority and an appropriate undertaking in the form prescribed in THIS BOND shall be made by both the person admitted into, or allowed to remain in studentship in the University, and the Parent/Guardian/Sponsor of the person in the presence of a Judge, a Magistrate or a Commissioner of Oaths.

	in the terms of Paragraph 4 hereof.							
	THIS BOND IS EXECUTED at							
This	da	ny of 20						
I)	SIGNATURE OF PARENT/GUARD	DIAN/SPONSORED))						
		BEFORE ME						
		(Judge, Magistrate or Commissioner for Oaths)						
II)	NAME OF APPLICAN IN FULL)						
	SIGNATURE OF APPLICANT	ý						
	FACULTY))						
	COURSE))						
	REGISTRATION NUMBER)						
	BEFORE ME							
		(Judge, Magistrate or Commissioner of Oaths) (Signature and Stamp)						
III)	ACADEMIC REGISTRAR (On behalf of the Enacting Authority	<i>'</i>						

By **THIS BOND** the Parents/Guardians/Sponsors undertakes to pay the required fee, and

the applicant undertakes to ensure the fee is duly paid and delivered timeously as required

5.

SPONSORSHIP FORM

(To be completed by the Sponsoring Authority)

Name of Applicant	(Surname)	(Others)
Course admitted to		
SPONSOR'S DETAILS		
NAME		
ADDRESS		
TELEPHONE		
FAX		
E-MAIL		
In consideration of your admitt	ing and registering the above name	ed applicant for the course of study
leading to the award of Certific	cate/Diploma/Degree	
under the University of Nairob	i Module II Programmes, we under	take to sponsor him/her and pay the
prescribed fees and other charg	ges to the maximum of	
(In words		
)
POSITION		
SIGNATURE		
DATE		

N.B. All sponsored applicants are requested to get this form signed by their sponsors as soon as they receive their offer.

STUDENT ENTRANCE MEDICAL EXAMINATION

REGISTRATION NO í	í	í	í	í	í	í	í	í	í	í	í	í	í	í	í	í	í	í	í	í	í	í	í	í	í	í	í	í	í	í
IMPORTANT.																														

Students are required to complete Part I of this form .Part II should be completed with the help of the doctor but signed by the student. Part II should be completed and signed by the examining doctor. The examination doctor is required to complete the form truthfully. He She should, at the end of part III print his/her name together with his/her Medical practitioners&Dentists Board registration number as queries regarding the student on the completed form may be directed to that doctor if it is deemed necessary. The completed form MUST be handled in at the time of registration to the Chief Medical Officer, University of Nairobi Health Services, P.O Box 30197, Nairobi, Kenya.

Students must identify themselves with a student identity card at the University Health Services. Medical services are provided only when students are in session. In-patient services are available at the University sick-bay and KenyattaNational Hospital or services sourced outside these facilities will not be paid for by the University, nor does the student Medical Scheme cover dental, eye treatment, eye glasses, pregnancy, childbirth and their complications.

PART I:

SURNAME Í Í Í Í Í Í Í Í Í Í Í OTHER NAMES Í Í Í Í Í Í Í Í Í SEX Í Í						
DATE OF BIRTHÍÍÍÍÍÍÍÍÍÍÍÍÍÍÍÍÍÍÍÍÍÍÍÍÍÍÍÍÍÍÍÍÍÍÍÍ						
NATIONALIUTY í í í í í íMARITAL STATUS í í í í NO. OF CHILDREN í í						
FACULTYÍ Í Í Í Í Í Í Í Í Í Í Í Í Í Í Í Í Í Í						
NAME OF PARENT/GUARDIAN/NEXT OF KIN í í í í í í í í í í í í í í í í í í í						
POSTAL ADDRESS í í í í í í í í í í í í í í í í í í						
TELEPHONE NO. (HOME) í í í í í í í í í ó office í í í í í í í í í í í í í í í						
PART II: (To be completed by the student with the doctors help)						
Have you ever been admitted to the hospital? í í í í í í í í í í í í í í í í í í í						
If so, when and for what illness? í í í í í í í í í í í í í í í í í í						
Have you ever suffered from any of the following?						

Allergy	Yes/No	Infectious Mononucleosis	Yes/No
Anaemia	Yes/No	Jaundice Hepatitis	Yes/No
Asthma	Yes/No	Peptic Ulcer	Yes/No
Back problem	Yes/No	Mental illness	Yes/No
Bilharzia	Yes/No	Poliomyelitis	Yes/no
Bladder problem	Yes/No	Severe headaches	Yes/No

Chest infection	Yes/No	Surgery	Yes/No
Diabetes mellitus	Yes/No	Thyroid disease	Yes/No
Epilepsy	Yes/No	Tuberculosis	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

		AIDS	Yes/No			
If the answer to any of t	the above is YES, pleas	se give details í í í í í í í í	ííííííí.			
Whoøs your doctor? í í	ííííííííííííííííííííííííííííííííííííííí	1111111111111	ííííííí			
FAMILY MEDICAL	HISTORY:					
Has any member of you	r 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					
any record or information in	tion about me and/ or ncluding copies of the	cal provider, any insurance compa any of my family members to p ir records with reference to my si notocopy of this authorization shall	provide University of Nairobi wickness or accident, any treatme			
PART III: (To be comp	pleted by the Examinat	ion Doctor) í í í í í í í í í				
Immunization recordí í í í í í í í í í í í í í í í í í í						
Heightíííííííí. Weightíííííííí. Any deformityííííííí.						
Visual acuity í í í í	íííííííí.LE6	sííííííííííRE6ííí	íííííííí			
Hearing í í í í í í	í í í í í í í í No	oseíííííííííThroatí	ííííííííí.			
Lymphatic glands í í	íííííííííííííí		íííííííí			
CARDIOVASCULAR	SYSTEM.					

UNIVERSITY HEALTH SERVICES	DATE í í í í í .
CHIEF MEDICAL OFFICER	
	1 1 1 1 1 1 1 1 1 1 1
Does the student require any special medical needs? í í í í í í í í	
Special remarks í í í í í í í í í í í í í í í í í í í	
COMMENTS BY THE UNIVERSITY CHIEF MEDICAL OFFICER:	
PART IV:	
MEDICAL PRACTIONERS & DENTISTS BOARD REG. NO. í í í	íííDATEííííí.
DOCTOR	IGNATUREíííííí
COMMENTS BY THE EXAMINING DOCTOR:	
HIV testí í í í í í í í í í í í í í í í í í í	
Deposití í í í í í í í í í í í í í í í í í í	_
Urine í í í í í í í . S.G í í í í í í Albumin í í í í í	í Sugarí í í í í í
Urethra discharge í í í í í í í í í í í í í í í í í í í	í í Uterusí í í í í í
GENITO-URINARY SYSTEM:	
Teethí í í í í í í í . Tongue í í í í í í í í í Abdomir	nalí í í í í í í í í
ALIMENTARY SYSTEM:	
	11111111111
Chest X-rayí í í í í í í í í í í í í í í í í í í	111111111
RESPIRATORY SYSTEM:	