



BOMET UNIVERSITY COLLEGE

LETTER OF ACCEPTANCE BY THE STUDENT

(BUCJI/1A to be completed by those accepting the offer)

Dear Sir/Madam,

Student's Name _____

(Surname /Last Name)

(Other Names)

Admission Ref. No. _____ Phone No. _____

ID/Passport /Birth Cert No _____ Email address _____

With reference to your letter offering me a place in the School of _____ for a course leading to the Degree / Diploma of _____

This is to confirm that I DO ACCEPT the offer and I PROMISE TO ABIDE by the rules and regulations governing the conduct and discipline of the students of Bomet University College and I hereby undertake to complete the course for which I have been accepted in Bomet University College unless I am requested to discontinue by the University authorities.

I understand the change of School or Department will be permitted only by authority of Senate.

I shall accept the regulations made from time to time for the good order and government of the University.

Yours faithfully,

Signature of Student:

Date:

NOTE: If you are not accepting this offer, please complete BUCJI/1B.



BOMET UNIVERSITY COLLEGE
(A Constituent College of Moi University)
Office of the Deputy Principal Academic and Student Affairs

LETTER OF NON-ACCEPTANCE BY THE STUDENT
(BUCJI/1B to be completed by those declining the offer)

Dear Sir/Madam,

Student's Name _____
(Surname /Last Name) _____ (Other Names) _____
Admission Ref. No. _____ Phone No. _____
ID/Passport/Birth Cert. No . _____ Email address _____
with reference to your letter offering me a place in the School
of _____ for a programme leading to
the Degree/Diploma in _____

This is to confirm that I DO NOT ACCEPT the offer.

Yours faithfully,

Signature of Student: _____ Date: _____

NOTE: Return this non-acceptance form to:

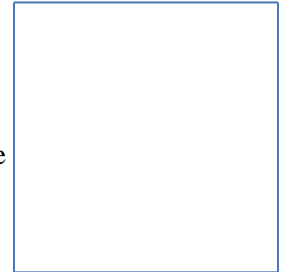
**THE DEPUTY PRINCIPAL (ACADEMICS & STUDENTS AFFAIRS),
BOMET UNIVERSITY COLLEGE,
P. O. BOX 701 – 20400,
BOMET**



BOMET UNIVERSITY COLLEGE

STUDENT'S PERSONAL DETAILS

Affix a passport photo here



Information provided in this Form is intended to help the Office of the Deputy Principal, Academic and Student Affairs understand the students better. It will be used for the purposes of improving the student's welfare while at the University (To be completed in quadruple (4 copies) and in **CAPITAL LETTERS**. Attach a colored passport size photograph taken on a **Yellow background** on each form. (**NOT FROM A "PHOTO ME" MACHINE**))

Full Name: (Surname or Last Name) _____ (Mr., Mrs., Miss)

_____ (Other Names)

National ID/ Passport No/Birth Certificate No. _____

County _____ Admission Number _____

Date of Birth _____

Religion _____

Nationality _____

Home Contact Address _____

Student's Tel. No. _____

Marital Status _____

Name and address of Spouse (if married) _____

Occupation of Spouse _____

Number of Children _____

Full name of Father _____ Deceased/Alive

Full name of Mother _____ Deceased/Alive

Occupation of Father _____ Date of Birth _____

Occupation of Mother _____ Date of Birth _____

Guardian _____ (Where 9 and 10 above is not applicable)

Number of brothers and sisters _____

Place of birth: Village/Town _____

Location _____ Name of Chief _____

Ward _____ Constituency _____ County _____

Place of Permanent Residence: Village/Town _____

Nearest Town _____ Location _____ Name of Chief _____

Ward _____ Constituency _____ County _____

Give names and address of two persons who can be contacted in case of an emergency.

Name _____ Relationship _____

Address _____

Tel. No. _____

Name _____ Relationship _____

Address _____

Tel. No. _____

Name and address of School attended for 'O' Level _____

_____ Year completed _____

K.C.S.E Results (Subject and Grades)

_____ Index Number _____

Any other Institution attended and qualifications attained

Games/Sports: which games are interested in?

Clubs, Societies and Hobbies: Which clubs, societies and hobbies are you interested in?

Do you suffer from any physical impairment? If so give details

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 _____



BOMET UNIVERSITY COLLEGE

STUDENT’S ENTRANCE MEDICAL EXAMINATION FORM

NOTE:

Students are requested to complete part I of this Form, part II should be completed by the Medical Officer examining the student. The completed form should be forwarded to the Medical Officer, Bomet University College, P.O. Box 701 – 20400, BOMET.

NB: All information provided will be treated with utmost confidentiality

PART I

1. Student’s Surname _____ (Other Names) _____

Date and Place of Birth _____

Nationality _____

Admission No: _____

School _____

Marital status _____

Name, Address and Telephone Number of Parent/Guardian/Next of kin _____

2. Have you ever been admitted into a hospital? _____

If so, state reason for admission and date

3. Have you had any of the following illnesses? (Delete as necessary)

Tuberculosis or other chest infectionYes/No

Fits, Nervous disease or fainting attacksYes/No

Heart Disease or Rheumatic Fever Yes/No

Any disease of the Digestive SystemYes/No

Allergies to food or drugs Yes/No

MalariaYes/No

Sexually Transmitted DiseasesYes/No

PoliomyelitisYes/No

If the answer to any of the above is yes, please give details indicating dates

If there are any other relevant details of your medical history not covered by the above questions, please give particulars._____

4. Has any member of your family suffered from?

TuberculosisYes/No

Insanity or Mental illnessYes/No

Diabetes MellitusYes/No

Heart DiseaseYes/No

5. Have you been immunized against any of the following diseases?

SmallpoxYes/No

TetanusYes/No

PoliomyelitisYes/No

6. Have you received any vaccination? Yes/No

If yes give details

.....

.....

7. Are you on any medical insurance cover?Yes/No

If yes give details.....

Signature of Student _____ Date _____

PART II (To be completed by the Examining Medical Officer)

a) Height _____ Weight _____

b) Visual Acuity

Without glasses R.6 L.6

With glasses R.6 L.6

c) Hearing Right Ear Left Ear

1. Condition of:

Ears _____ Lymphatic glands _____

2. Cardiovascular system:

Blood pressure: Systolic _____ Diastolic _____

3. Respiratory system

Chest X-Ray (optional depending on Clinical findings)

4. Abdomen, any palpable masses – Physiological or Pathological?

Liver _____ Spleen _____

Uterus _____ L.M.P _____

(This information does not bar you from admission, it will serve to help student affairs department serve you better)

5. Urine Albumin _____ Sugar _____

Is the student on any treatment? Yes/No

If yes give details.....

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Any other observation of importance _____

Name of Medical Officer _____

Signature _____ Date _____

PART III

(To be completed by Bomet University College Medical Doctor, after the student has registered with the University)

Special Remarks _____

Is the student fit for University Education _____ Yes/No.? Date _____

University Doctor _____ Signature _____

In case of emergency contact (provide two contacts of parent/guardian)

1. Name.....Contact.....

Relationship.....

2. Name.....Contact.....

Relationship.....