UNIVERSITY OF NAIROBI
ACADEMIC DIVISION
SELF SPONSORED STUDENTS CHECKLIST FOR ADMISSION REGISTRATION REQUIREMENTS - 2026/2027 ACADEMIC YEAR

(To be filled in Triplicate)

PART I: TO BE COMPLETED BY THE STUDENT

NAME_____
(Surname) (Other Names)
MOBILE NO_____ Email Address_____

NATIONAL ID/PASSPORT NO._____APPLICATION REF NO._____
BIRTH CERTIFICATE NO._____ COUNTY_____
TRIBE_____RELIGION_____
REG. NO. _____DEGREE_____
FACULTY_____
DISABILITY *(if any specify)* _____

PART II: FOR OFFICIAL USE ONLY

The above named student has fulfilled all the admission requirements:

1. Admission letter(Copy)_____
2. KCSE Result Slip_____
3. Letter of Acceptance-PP/1A_____
4. Letter of non-Acceptance -PP/1B_____
5. Declaration for admission- PP/2_____
6. A duly executed Student Bond-PP/3 _____
7. Fees schedule- PP/4 (Receipt No & Amount)_____
8. Sponsorship Form(*where applicable*)-PP/5_____
9. Student Entrance Medical Examination -PP/6_____
10. Biometric Registration_____

Signed:

STUDENT_____DATE_____

FACULTY REGISTRAR _____DATE & STAMP_____

cc:

Dean

Academic Registrar

Chief Health Officer

Student