



University of Eastern Africa, Baraton

The Office of DVC Student Affairs and Services

P.O. BOX 2500 – 30100, ELDORET, KENYA, EAST AFRICA

APPLICATION FOR CONSIDERATION TO BE AN OFF CAMPUS STUDENT

NAME _____ STUDENT ID#: _____

Nationality _____ National ID# _____ Passport# _____

E-mail _____ TEL: _____

SEMESTER/YEAR OF ADMISSION _____ MAJOR _____

REASON FOR APPLICATION _____

NOTE: BEFORE MOVING OUT THE STUDENT SHALL FURNISH THE RESIDENCE DEAN'S OFFICE WITH LETTER FROM THE LANDLORD OFFERING HOUSE AND AUTHORIZATION FROM THE SPONSOR, INCLUDING PHOTOCOPY OF SPONSOR'S IDENTIFICATION.

APPLICANT'S SIGNATURE DATE

RESIDENCE DEAN'S COMMENTS _____

RESIDENCE DEAN'S SIGNATURE DATE

OFF CAMPUS DEAN'S COMMENTS _____

OFF CAMPUS DEAN'S SIGNATURE DATE

DVC STUDENT AFFAIRS & SERVICES' SIGNATURE DATE

DEANS' COUNCIL MINUTE NO. _____