



University of Eastern Africa, Baraton

A Chartered Seventh-day Adventist Institution of Higher Learning

Integrity
Excellence
Commitment
Teamwork
Professionalism

GOVERNMENT SPONSORED UNDERGRADUATE DATA FORM

Mail To: Admissions Office University of Eastern Africa, Baraton P.O. Box 2500 - 30100, Eldoret	Phone: +254 731 793934 +254 721 423592 Email: admissions@ueab.ac.ke Website: www.ueab.ac.ke	RECENT PASSPORT SIZE PHOTO
Last name(surname) _____ First name _____ Middle name _____ Other Names _____		

Present mailing address _____ Tel: _____ Email: _____

Permanent mailing address _____ Tel: _____

Marital status: Single Married Sex: Male Female Birth Date: Day/Month/Year ____/____/____

Nationality _____ Citizenship _____

Country of Residence _____ Passport/ID No. _____

Your first language _____ Other languages spoken _____

Religious Affiliation _____ Date of Baptism: Day/Month/Year ____/____/____

Name and address of Church where you are a member _____

Semester in which you are joining: _____ Year _____
(Note: The 1st Semester begins in **August**, 2nd Semester in **January**)

Course/major field of study for which you have been admitted _____

Degree desired: BA BSc BBA BT BEd BBIT

Where do you plan to live while attending UEAB (Main Campus)? Campus Residence Halls Off Campus Faculty/Staff Home

How did you find out about UEAB? _____

Educational Background. List institutions of learning attended at each level including Primary school:

Name of School	Level	Dates of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever attended the University of Eastern Africa, Baraton before? No Yes. If yes give dates _____

Have you ever been expelled/dismissed or refused admission to any institution of learning? No Yes

If Yes, explain _____

Have you been convicted of any crime? Yes No If yes please explain _____

Work experience: If you have held a job, give details about employment (use additional sheet if necessary).

Name and address of employer(s) _____

Position held/type of work done _____

Dates of employment _____

Personal Health Information: Excellent Good Fair Poor

Do you have any physical handicap(s)? No Yes. If Yes, please explain _____

Do you smoke? Yes No Drink alcohol? Yes No Use addictive drugs? Yes No

Have you ever smoked? Yes No Have you ever drunk alcohol? Yes No Have you ever used addictive drugs? Yes No

Family Information:

Father's name _____ Mother's name _____

Address _____ Address _____

Telephone _____ Telephone _____

E-mail _____ E-mail _____

Nationality _____ Nationality _____

Father's Occupation _____ Mother's Occupation _____

Religious Affiliation _____ Religious Affiliation _____

Name of legal guardian if not parent(s) _____

Address of legal Guardian(s) _____

E-mail of legal Guardian(s) _____ Tel: _____

Are either of your parents employed by the SDA Church? No Yes If Yes, give name and address of employer

Parent or Guardian's commitment: I agree that the applicant may be a student at the University of Eastern Africa, Baraton. I am ready to support the university in its effort to ensure that the applicant abides by the rules and principles of the university and accepts the authority of its administration.

Signature of Parent/Guardian _____ Date ____/____/____

Statement of financial responsibility:

Name and address of person responsible for payment of school fees _____

I, the above named, agree to be responsible for the payment of the total school fees of the applicant and to make this payment at the beginning of each trimester. I agree to abide by the financial policies of the University of Eastern Africa, Baraton.

Signature of Parent/Guardian/Sponsor _____ Date ____/____/____

Do you have an unpaid school account? No Yes. If Yes, how much? _____

Where? _____

Applicant's commitment: I certify that to the best of my knowledge, the above information is complete and true. I promise that if accepted I will cooperate in following the rules of University of Eastern Africa, Baraton and respect the principles of the institution as they are set forth in the STUDENT HANDBOOK and any other that is communicated by the University.

Signature of Applicant _____ Date ____/____/____

COURSES

Main Campus

School of Business

Department of Accounting and Finance

- BBA in Accounting
- BBA in Finance

Department of Management

- BBA in Management
- BBA in Marketing
- BBA in Office Administration

Department of information Systems and Computing

- Bachelor of Business Information Technology (BBIT)
- BSc in Networks and Communication Systems
- BSc in Software Engineering

School of Education

Department of Psychology

- BA in Counseling Psychology

Department of Education

- BEd Arts in the following teaching subjects:
 - English Language
 - Literature
 - Kiswahili

-Religion

-History

-Geography

-Music

- BEd Sciences in the following teaching subjects:

-Mathematics

-Biology

-Home Science

-Chemistry

-Agriculture

-Physics

- Upgrading P1 to Bachelor of Education (BEd)

School of Health Sciences

Department of Nursing

- BSc in Nursing
- Registered Nurse to BSc in Nursing upgrading program

Department of Medical Laboratory Sciences (MLS)

- BSc in Medical Laboratory Sciences

Department of public health

- BSc in Public Health (Environmental Health)
- BSc in Public Health (Upgrading Program)

School of Humanities and Social Sciences

Department of History, Geography and Development Studies

- BA in History
- BA/BSc in Geography
- BA in Development Studies

Department of Languages and Literature

- BA in English Language
- BA in Linguistics
- BA in Kiswahili
- BA in French
- BA in Literature

Department of Music

- BA in Music Performance
- Bachelor of Music in Music Education

Department of Theology and Religious studies

- BA in Theology
- BA in Religion

School of Science and Technology

Department of Agriculture

- BSc in Agriculture
- BSc in Agri-Business
- BT in Agriculture

Department of Biological Sciences

- BSc in Biology
 - i. Bio-Medical Science option
 - ii. Biotechnology option
 - iii. Conservative Biology option
 - iv. General Biology option

Department of Chemistry

- BSc in Chemistry
 - i. Analytical Chemistry option
 - ii. Biochemistry option
 - iii. Industrial Chemistry with Management option
 - iv. General Chemistry option

Department of Family and Consumer Sciences

- BSc in Family and Child Development
- BSc in Foods and Nutrition
- BSc in Nutrition and Dietetics

- BSc in Fashion and Textile Design

- BSc in Hotel and Hospitality Management

- BSc in Social Work

Department of Mathematics and Physics

- BSc in Mathematics

Department of Technology

- BSc in Technology (Automotive)
- BT in Automotive
- BSc in Technology (Electronics)
 - i. Communication Option
 - ii. Industrial Options

Nairobi Extension Centre

- Registered Nurse to BSc in Nursing upgrading program
- BA Counselling Psychology
- Bachelor of Business Information Technology (BBIT)
- BSc in Networks and Communication Systems
- BSc in Software Engineering

- BBA in Accounting
- BBA in Finance
- BBA in Management
- BA in Counselling Psychology
- BSc in Public Health (Environmental Health)
- BA in Development Studies

- BA in Music
- BA in Theology and Religious Studies
- BSc in Chemistry
- BSc in Foods and Nutrition
- BSc in Nutrition and Dietetics

Eldoret Extension Centre

- Registered Nurse to BSc in Nursing upgrading program
- BSc in Public Health (Environmental Health)
- Bachelor of Business Information Technology (BBIT)

- BSc in Networks and Communications
- BSc in Software Engineering
- BSc in Chemistry

- BSc in Foods and Nutrition
- BSc in Nutrition and Dietetics
- BA in Development Studies

Kisumu Extension Centre

- Registered Nurse to BSc in Nursing upgrading program
- BSc in Public Health (Environmental Health)

Main Campus

P.O. Box 2500-30100 Eldoret
Tel: +254 (20) 8023018
Cell: +254 721 423 592, 731 793 934
Email: registrar@ueab.ac.ke

Nairobi Extension

P.O. Box 76484 - 00508, Nairobi
Tel: + 254 (20) 2082858
Cell: +254 725 404 373
Email: nairobi@ueab.ac.ke

Eldoret Extension

P.O. Box 2500 - 30100, Eldoret
Tel: +254 (20) 2441536
Cell: + 254 723 644 905
Email: eldoret@ueab.ac.ke

Kisumu Extension

P.O. Box 7747-40100, Kisumu
Cell: +254 733 552 185
Email: kisumu@ueab.ac.ke

Nyanchwa Extension

P.O. Box 1020, Kisii
Cell: +254 721 512 523
Email: nyanchwa@ueab.ac.ke
baratonnyanchwa@yahoo.com