

REGISTRATION FORM FOR SHORT COURSES

Guidance/Instructions

- The completed form should be submitted or returned to: The Academic Registrar, P.O. Box 49940 - 00100, NAIROBI, KENYA or email admissions@riarauniversity.ac.ke or dropped at Riara University, Mbagathi Way.
- Please complete this form in BLOCK LETTERS. If a section does not apply to you, leave it blank.
- All applications will be acknowledged.

TO BE COMPLETED BY THE APPLICANT

PERSONAL DETAILS

Course applied for: _____

First Name Second Name Third/other

Address Postal Code Town/City

Country Mobile number

Email

Organisation/Institution Designation

Physical Address

Gender Male Female Date of Birth National ID/Passport No.

Nationality Country of Permanent Residence

PAYMENT OPTIONS

<input type="checkbox"/> M-Pesa	<input type="checkbox"/> Bank Deposit	<input type="checkbox"/> Bank Deposit	<input type="checkbox"/> Banker's cheque
Paybill No. 805702 Account Number RG111111	Riara University Kenya Commercial Bank Ltd., Prestige Branch, A/C No. 1132688035,	Riara University Commercial Bank of Africa, Upperhill Branch, A/C No. 6960380019,	Drawn to: Riara University
Indicate M-Pesa Transaction <input type="text"/>			

HOW DID YOU LEARN ABOUT RIARA UNIVERSITY?

Newspaper Advertisement <input type="checkbox"/>	Riara Alumni <input type="checkbox"/>	TV/Radio <input type="checkbox"/>
Website <input type="checkbox"/>	Exhibition <input type="checkbox"/>	Career Fair <input type="checkbox"/>
Friend <input type="checkbox"/>	High School/Parent <input type="checkbox"/>	Others Specify <input type="checkbox"/>
Faculty/Staff/Student <input type="checkbox"/>		

APPLICANT'S DECLARATION

I declare that the information given herein is true and accurate to the best of my knowledge and fully understand that any information found to be false would lead to automatic disqualification.

Full Name _____ Signature _____ Date _____

OFFICIAL USE ONLY

RECOMMENDATIONS BY THE SCHOOL

Signed _____ Date _____

Dean/Programme Leader

RECOMMENDATIONS BY THE ACADEMIC REGISTRAR

Signed _____ Date _____

Academic Registrar