



SACRED HEART

INSTITUTE OF EDUCATION & PROFESSIONAL STUDIES

P. O. BOX 86 – 10102 KIGANJO, TEL 0742 343 110/ 0781 582 335
 EMAIL: info@shu.co.ke Website: www.shu.co.ke

APPLICATION/ADMISSION FORM

Courses for which admission is sought: - Put (x) against your choice <div style="border: 1px solid black; width: 200px; height: 150px; margin: 10px auto; text-align: center; padding: 5px;"> Passport size photograph </div>	Diploma in Journalism & Media Studies	
	Certificate in Journalism	
	Diploma in Information Comm. & Technology	
	Diploma in Printing Technology	
	Certificate in Printing Technology	
	Diploma in Early Childhood Education (E.C.D.E)	
	Certificate in Early Childhood Education (E.C.D.E)	
	Diploma in Information Comm. Technology (I.C.T)	
	Diploma in Business Management	
	Certificate in Business Management	
	Diploma in Social Work and Community Development	
	Certificate in Social Work and Community Development	
	Diploma in Accountancy	
	Certificate in Accountancy	
	Diploma in Human Resource Management	
	Certificate in Human Resource Management	
	Diploma in Public Relations	
	Diploma in International Business Communication	
Computer Packages		

2. Full Name: _____ Sex (M or F) _____

(Write your Official Names)

Address: _____

Date of Birth: _____ Place of Birth: _____

Nationality: _____ Religion: _____

Profession: _____ Marital Status: _____

3. Programme/ course _____

4. Family: Name of Father:

Name of Mother:

Name of Wife/Husband

5. Educational Background

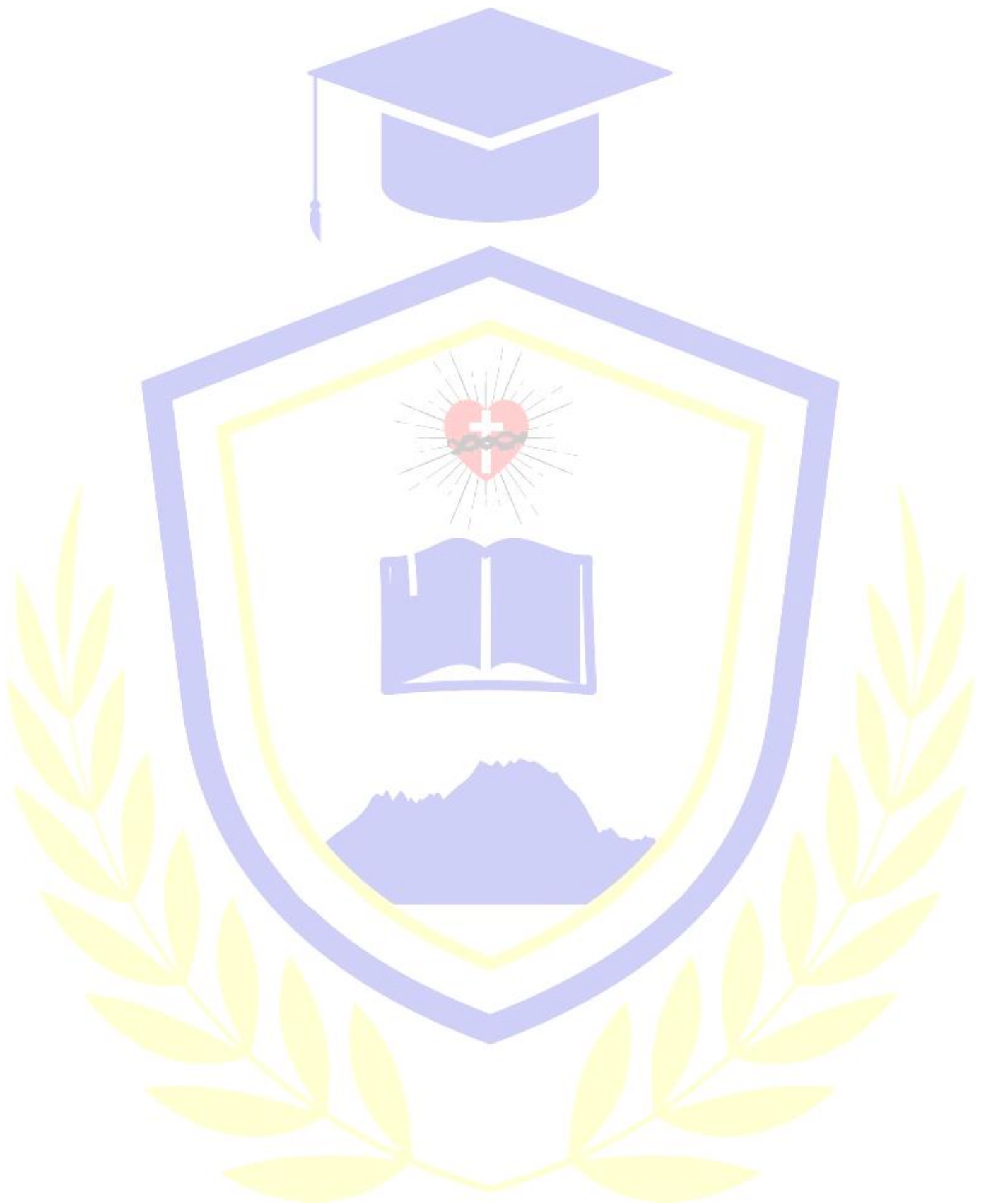
STUDIES: SCHOOL	DATE	CERTIFICATE & GRADE
Primary:	From: _____ to _____	_____
Secondary:		
1. _____	From: _____ to _____	_____
2. _____	From: _____ to _____	_____
Subsequent Training (College/University)		
1. _____	From: _____ to _____	_____
2. _____	From: _____ to _____	_____
3. _____	From: _____ to _____	_____

6. INCLUDE: -

- a) A medical Doctor's certificate from a Government Hospital or a Mission Hospital
- b) 4colored passport size
- c) Copies of your school records and certificates
- d) Recommendation letter from Parish Priest/Pastor
- e) A Deposit slip of **Kshs.500.00** application fee (Nonrefundable)
- f) Handwritten application letter if not submitted

(Check carefully whether you have enclosed all items above, sign and send or bring to

the Institute personally)



7. I certify that to the best of my knowledge the information given above is correct.

Signature of Applicant: _____

Date: _____

8. SPONSORSHIP

The sponsor should indicate here below that the candidate shall receive financial support for the year(s) he/she will spend at the Institute

NAME OF SPONSOR/GUARDIAN:

ADDRESS:

I confirm that the (Parent/Guardian/Company/Dependent whichever is inapplicable) shall give full financial support to _____ during his/her period of training at centre for Education and professional studies if accepted.

Signed: _____ **Date:** _____

FOR OFFICIAL USE ONLY

