



BISHOP OKULLU COLLEGE

P.O. Box 87 - 40611, NYILIMA

E-mail: academics@bishopokullu.ac.ke Mobile No. 07533342690

Website: www.bishopokullu.ac.ke

Short Courses Application Form

*Attach firmly 2
recent coloured
Passport size
Photographs*

PLEASE COMPLETE ALL SECTIONS OF THIS FORM

1. Personal Details:

Last Name: _____ Other(s) _____ Gender: _____

Nationality: _____ ID/ Passport Number _____ Date of Birth: ___/___/___

Present postal Address for Correspondence: _____

Any form of disability? Yes No

If Yes, please explain:

.....
Contact information

Physical Address(for mail delivery by courier)

Tel. _____

Permanent Home Address (if different)

Email: _____

2. Which Programme are you applying for?

b). Other tailor made Courses /Electives (Specify)

3. Please indicate your source of funding

Self-Sponsored Employer (if employer provide details) Parent/Guardian

4. Other agency (specify)

Name:

5. Academic and professional qualifications (Please start with most recent)

Qualifications	Title of the course	Institution	From - To	Final Grades

6. Please provide contact information for your referees.

Name	Address	Capacity in which He/She is known

7. Indicate your proficiency in the following Languages

Language	Very good	Good	Adequate	Needs bridging
English				
Kiswahili				

8. How or where did you hear about BOC and the course, you are applying for?

Please attach the following to facilitate the processing of your application:

- Curriculum Vitae (not applicable to recent high school graduates)
- Photocopy of your National ID
- Photocopies of your transcripts
- 2 coloured passport photos
- Copies of academic and professional certificates.
- Three letters of recommendation from three referees (not applicable to recent high school graduates) **OR** school leaving certificate, Birth Certificate (for recent high school graduates).
- Application processing fee of Ksh.1,500/= (to be banked at the A/C below)

Bank Name: Kenya Commercial Bank
Account Name: Bishop Okullu College
Account Number: 1226451799

Declaration:

I certify that the statements made by me on this form are correct, and that if admitted I will conform to the College's rules and regulations. I understand that, if admitted, I must pay the entire fees due to the College.

Signature of the Applicant _____ **Date** _____

Send duly filled applications forms to:

Academic Dean
Bishop Okullu College
P. O. Box 87 - 40611, NYILIMA.
Email: academics@bishopokullu.ac.ke