



KENNEDY UNIVERSITY SYSTEM

APPLICATION FORM

| | | | | | | | | | | |
|--|----------------------|-------------------------------|---|-----------------------------|--------------------------------------|-------------------------------------|---------------------------------|--|-----------------------------------|--|
| A1: About the programme of study that you are applying to | | | | | | | | | | |
| Programme Title: | | | | | | | | | | |
| Choose and tick the school: | | | | | Choose and tick the programme level: | | | | | |
| <input type="checkbox"/> Kennedy University of Baptist (USA) | | | <input type="checkbox"/> Kennedy University (France) | | | <input type="checkbox"/> Bachelor's | | <input type="checkbox"/> Master's | | |
| As a religious college, degree titles will include religious designations. | | | As a secular college, the degree title will be secular. | | | <input type="checkbox"/> Doctoral | | <input type="checkbox"/> Post Doctoral | | |
| A2: Personal Information | | | | | | | | | | |
| First Name (Given Name): | | | | | | | | PHOTO | | |
| Middle Name/s: | | | | | | | | | | |
| Last Name (Family Name): | | | | | | | | | | |
| Gender: | | <input type="checkbox"/> Male | | | <input type="checkbox"/> Female | | | | | |
| Date of Birth: | | Day: | | Month: | | Year: | | | | |
| Place of Birth: | | City: | | Country: | | | | | | |
| Nationality: | | | | | Passport No: | | | | | |
| Father's Name: | | | | | Mother's Name: | | | | | |
| Do you have a second nationality? | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | If yes, please state: | | | | |
| A3: Contact Information | | | | | | | | | | |
| Your home address: (Residence address) | | | | | | | | | | |
| Postal Code: | | City: | | Country: | | | | | | |
| Home Tel: | | Fax: | | Mobile: | | | | | | |
| e-mail (1) | | | | | | e-mail (2) | | | | |
| B: Educational Background (Only state if applicable) | | | | | | | | | | |
| Tertiary Education (Please start from the highest degree) | | | | | | | | | | |
| 1. | University: | | | | | | City / Country: | | | |
| | Faculty / Institute: | | | | | | Department / Programme: | | | |
| | Degree: | | <input type="checkbox"/> High Diploma | | <input type="checkbox"/> Bachelor | | <input type="checkbox"/> Master | | <input type="checkbox"/> Doctoral | |
| 2. | University: | | | | | | City / Country: | | | |
| | Faculty / Institute: | | | | | | Department / Programme: | | | |
| | Degree: | | <input type="checkbox"/> High Diploma | | <input type="checkbox"/> Bachelor | | <input type="checkbox"/> Master | | <input type="checkbox"/> Doctoral | |
| C. Justification (Name, Surname and Signature) | | | | | | | | | | |
| <p>- I hereby justify that all of the information provided in this form and supporting documents attached to this form are true, genuine and complete.</p> <p>- I have carefully reviewed the information about the university on its official website and am submitting this application with full knowledge of all relevant facts about the university.</p> <p>- I also acknowledge that the submitted documents will be the property of Kennedy University.</p> | | | | | | | | | | |
| Full Name: | | | | | | Signature: | | | | |

For Office Use Only

Reg. No.

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Registration Date

| | | | | | | | |
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Signature of the Authorised Person with Seal