

UNITED STATES INTERNATIONAL UNIVERSITY

P.O Box 14634 - 00800 NAIROBI, KENYA

Tel: +254.20.3606.000

APPLICATION FOR RE-ADMISSION

This application is to be used when applying for re-admission to the same degree program in which you were enrolled when you last attended the University. You must complete this form if you have been absent from the university and return it to the office of Admissions together with Kshs.3,000 or \$50 application fees.

If you wish to apply for a new degree program, you must complete an Application for Admission available from the Office of Admissions. If you have attended any school(s) since you last attended USIU, an official transcript from each school must be submitted before you can be re-admitted.

| Name: Last Address: Box (Zip) Code Telephone: Date of Birth: (Month/Date/Year) | | First Name | Mid | Country Fax | |
|---|---------------------------------|---|---|------------------|--|
| | | City | Cour | | |
| | | Mobile | F | | |
| | | Country of Citizenship | | | |
| USIU ID Number | | When did you last attend the University (Semester/Year) | | | |
| What was your Major/ | Degree and School when | you last attended USIU? | | | |
| Reason for leaving? | | Which Semester do you wish to be re-admitted? | | | |
| List all schools, dates of atter | | earned since leaving USIU Country | : Dates of Attendance | Credit Earned | |
| School | vaille | Country | Dates of Attendance | Credit Earned | |
| | | | | | |
| | | | | | |
| International Students, You must submit a current (i University, cannot be re-adm | e. less than 6 months old | | | account with the | |
| Next of Kin or Guard | lian (<i>Contact incase of</i> | Emergency) | | | |
| Name: | | | | | |
| Address: | | | | | |
| Fax: | E-mail: _ | | | | |
| | | | | | |
| Student Signat | | - \ A andication Decalin | Da | te | |
| | _ | e-) Application Deadlin | _ | | |
| | Summer (May Spring (Januar | • | rch 15 th tember 30 th | Sajoj, 2009 | |

Fall (September) Semester

- June 30th