

TURKANA UNIVERSITY COLLEGE



TEL: +254(0789399751) or
+254(0724178505)
Email- turkanauniversity@gmail.com
Email-registrar.aa@tuc.ac.ke
Website - www.tuc.ac.ke

P.O BOX 69-30500
LODWAR
KENYA

Office of the Dean of Students

BOND

I,.....Registration Number.....
(FULL NAME)

I hereby bond myself to be of good conduct during my stay at the Turkana University College

I also bond myself to abide by all the University Rules and Regulations as contained in the Student Guide.

Failure to adhere to the above, the Turkana University College will reserve the right to institute disciplinary procedures against me.

Signed:.....Date:.....

Signed:

(Dean of Students)

Rubber Stamp.....

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Games and Sports Department

PERSONAL INFORMATION ON SPORTING AND GAMES ACTIVITIES

Name:.....

Reg No.:..... Campus:.....

Tel. No.:..... Email No:.....

Indicate by a tick (✓) the game/sport you have participated in or of your interest

NO.	GAME	LEVEL OF PARTICIPATION					Sport/Game of Interest
		Zonal	County	Province	National	International	
1	Soccer						
2	Netball						
3	Volleyball						
4	Handball						
5	Rugby						
6	Athletics-track/field						
7	Basketball						

8	Chess, Scrabble, darts						
9	Tennis						
10	Martial arts						
11	Swimming						
12	Hockey						
13	Badminton						
14	Table tennis						
OTHERS							
1							
2							
3							
4							

Signed..... Date.....



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TUC/3

AFFIX
COLOURED
PASSPORT SIZE
PHOTO HERE

TURKANA UNIVERSITY COLLEGE

Office of the Registrar (Academic Affairs)

STUDENTS PERSONAL DETAILS

Information in this form is intended to help the Office of the Registrar understand the student better. It will be used for purposes of improving the Student's Welfare While at the University (To be completed in Duplicate and written in CAPITAL/BLOCK letters or TICK where appropriate)

1 Name

Surname First Name Initial/Other

2. National Registration Number (I/D)

County

3. University Registration Number

Year of Study

1. First

2. Second

3. Third

4. Fourth

5. Fifth

4. Date of Birth.

Day

Month

Year

5. Religion

1. Protestant

2. Catholic

3. Muslim

SDA.

Specify: _____

4. Others

6. Nationality

1. Kenyan

2. East African

3. Others Specify

7. Home contact address (where you can be contacted during vacations)

P.O. BOX	CITY/TOWN
----------	-----------

TELEPHONE (LANDLINE)

MOBILE PHONE (S)

E-MAIL ADDRESS

8. (a) Marital Status

1. Single

☐

2. Married

☐

(b) Name and Address of Spouse (if married)

(SURNAME)

(FIRST NAME)

(INITIAL/OTHER)

P.O. BOX	CITY/TOWN
----------	-----------

TELEPHONE (LANDLINE)

MOBILE PHONE

E-MAIL ADDRESS

9. (a) Full Name of Father:

(SURNAME)

(FIRST NAME)

(INITIAL/OTHER)

☐☐

Deceased

Alive

Occupation

Date of Birth

--	--

Day

--	--

Month

--	--	--	--

Year

(b) Full Name of Mother:

(SURNAME)

(FIRST NAME)

(INITIAL/OTHER)

☐

Deceased

☐

Alive

Occupation

Date of Birth

--	--

Day

--	--

Month

--	--	--	--

Year

10. (a) Full Name of Guardian

(SURNAME)

(FIRST NAME)

(INITIAL/OTHER)

(b). Occupation of Guardian

--	--	--	--	--	--	--	--	--	--	--	--

I/D No.

11. Address of Parent/Guardian

	P.O. BOX	CITY/TOWN

TELEPHONE (LANDLINE)	MOBILE PHONE	E-MAIL ADDRESS

12.(a) Name of Next of Kin

(SURNAME)	(FIRST NAME)	(INITIAL/OTHER)

(b) Address of Next of Kin

	P.O. BOX	CITY/TOWN												
I.D. NO.	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>													

TELEPHONE (LANDLINE)	MOBILE PHONE	E-MAIL ADDRESS												

13. Place of Birth: Village _____

Location _____ Name of Chief _____

Division _____ County _____ Constituency _____

14. Place of Permanent Residence:

Village _____ Nearest Town _____ Nearest Police Station _____

Location _____ Name of Assistant Chief _____ Name of Chief _____

15. Give names and addresses of two persons who can be contacted in case of emergency.

(i) _____

(SURNAME)	(FIRST NAME)	(INITIAL/OTHER)

RELATIONSHIP	P.O. BOX	TOWN/CITY

TELEPHONE (LANDLINE)	MOBILE PHONE	E-MAIL ADDRESS

(ii) _____

(SURNAME)	(FIRST NAME)	(INITIAL/OTHER)
-----------	--------------	-----------------

RELATIONSHIP	P.O. BOX	TOWN/CITY
TELEPHONE (LANDLINE)	MOBILE PHONE	E-MAIL ADDRESS

	NAME	ADDRESS	TOWN	DATES	
				FROM	TO
1.					
2.					
3.					

16. Name and address of Secondary School attended:

17. KCE/KCSE or equivalent Results (Subjects & Grades)

Mean Score/Division (where applicable)

18. Name and address of School attended for KACE/"A" Level (Where applicable)

(a) Name

(b) Address

P.O. BOX

TOWN/CITY

19. KACE Results/"A" Level Results (Subject and Grades)

20. Any other Institutions attended and Qualifications attained

	NAME	SPECIALIZATION	QUALIFICATIONS
1.			
2.			
3.			

21. Games/Sports: Which games and Sports do you participate in:

☐
☐
☐
☐

01. Soccer

02. Hockey

03. Basketball

04. Netball

☐

05. Tennis

☐

06. Badminton

☐

07. Rugby

☐

08. Volleyball

☐

09. Athletics

☐

10. Swimming

☐

11. Table Tennis

☐

12. Darts

☐

13. Karate

☐

14. Martial Arts

☐

15. Others

If you represented your school, etc. in games please give details:

22. Clubs and Societies: Which clubs and societies are you interested in:

Please give details of your application.

(a) First Choice

(b) Second Choice

(c) Third Choice

23. Do you suffer from any physical impairment? If so give details.

No.

☐

Yes

☐

24. Please give any information you think is useful for you to communicate to the University.

I certify that the information I have provided is correct.

Signature: _____ Date: _____



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Office of the Registrar (Academic Affairs)

ENTRANCE MEDICAL EXAMINATION

IMPORTANT

Students are requested to complete Part 1 of this Form. Part 11 should be filled by a Certified Medical Practitioner at a Government Hospital. The completed Form should be brought personally and presented to the Medical Registration Officers on the day of Registration by the student. No medical reports should be brought earlier or sent by post.

PART 1

- (a) Surname.....Other Names
Date and place of birthSex.....Nationality.....Race.....
Religion..... Marital Status.....
Faculty/School/Centre.....Registration Number.....
Name, Address, and Telephone Number of Parent/Guardian/Next of
.....
- (b) Have you ever been admitted in a hospital?
If so, state reason for admission and date.....
.....
- (c) Have you had any of the following illness:
(i) Tuberculosis or other chest infection?Yes/No
(ii) Fits, Nervous disease or fainting attacks?Yes/No
(iii) Heart disease or Rheumatic fever?.....Yes/No
(iv) Any disease of the digestive system?.....Yes/No
(v) Any disease of Genito Urinary System?Yes/No

- (vi) Allergies to food or drugs Yes/No
- (vii) Malaria? Yes/No
- (viii) Sexually Transmitted Disease? Yes/No
- (ix) Poliomyelitis? Yes/No

If the answer to any of the above is Yes. Please give details with dates.....

-
- (d) If there are any other relevant details of your medical history not covered by the above questions please give particulars.....
- (e) Has any member of your family suffered from:
- (i) Tuberculosis? Yes/No
- (ii) Insanity or Mental illness? Yes/No
- (iii) Diabetes Mellitus? Yes/No
- (iv) Heart disease? Yes/No
- (f) Have you been immunized against any of the following diseases:
- (i) Smallpox? Yes/No Date.....
- (ii) Tetanus? Yes/No Date.....
- (iii) Poliomyelitis? Yes/No Date.....
- (iv) Tuberculosis? Yes/No Date.....
- (v) Typhoid? Yes/No Date.....
- (vi) Hepatitis B? Yes/No..... Date.....

Signature of Student: _____ **Date:** _____

PART 11

(To be completed by the Examining Medical Officer)

- (a) Height.....Weight.....
- (b) Visual Acuity:
- Without glasses R.6/..... L./6.....
- With glasses R.6/..... L./6.....
- (c) Hearing: Right Ear..... Left Ear.....
- (d) Condition of:
- Teeth:Nose:
- Throat:

- (e) Lymphatic glands.....
- (f) Circulatory System.....Pulse.....
Blood Pressure.....Systolic.....Diastolic.....
- (g) Respiratory System.....
- (h) Abdomen.....
Spleen.....
- Any evidence of Hernia.....
- Any evidence of Haemorrhoids.....
- (i) Urine...SG.....Albumin.....Sugar.....
- (j) Any observable physical defects in addition to general record of observation:
If any please specify.....
- (k) Is the student on any treatment.....
If any please specify.....
- (l) Blood KhanTest / VDRL.....
- (m) Any other observation of importance.....

Medical Officer:

Address:**Stamp& Date:**.....

PART III

(To be completed by the University Chief Medical Officer)

Special

Remarks.....

.....

.....

Is the Student fit for University Education? Yes/No

Medical Officer.....
FOR TURKANA UNIVERSITY COLLEGE.

Date:.....



TURKANA UNIVERSITY COLLEGE

CUSTOMER SURVEY FORM FOR NEW STUDENTS

A) Notice to All New Students

1. This form will be used by the University Management to improve services to customers.
2. Please **tick in the box in front of the right answer** or answer the question as appropriate.

B) Questionnaire

1. State the School to which you have been admitted.....
.....
2. State to programme to which you have been admitted (e.g. B.Ed (Arts))
.....
3. State your gender: Male ☐ Female ☐
4. State your type of sponsorship: Government Sponsored ☐ Self sponsored ☐
5. When did you hear about Masinde Muliro University of Science and Technology (TUC) for the first time? In primary School ☐ In Secondary school ☐ After completing secondary school studies ☐ other (please specify).....
6. Through which channel did you get to know about TUC? Radio advert ☐ Television advert ☐ Show and/Exhibition ☐ Sports/Extra-curricula activities ☐ Other ☐ (please specify).....
7. Specify the most popular academic programme offered at TUC
8. that you know about.....
.....
9. Did you choose to come to study at TUC? Yes ☐ No ☐
10. (a) Do you have a relative who is a student at TUC? Yes ☐ No ☐
(b) If yes, please state the nature of the relationship Parent ☐ Sister/Brother ☐ Cousin ☐ Uncle/Aunt ☐ Grandparent ☐ Neighbour ☐ Friend ☐
11. State the following: County of Origin..... County of Residence..... Sub-county of Residence.....
12. How did you obtain your admission letter? Through Post Office ☐ From the TUC website ☐ Collected by self ☐ Collected by relative/friend/neighbour ☐ Other ☐ please specify.....
13. Was your admission letter processed on time? Yes ☐ No ☐
14. State the TUC Campus that you were admitted to
15. State a) the TUC Campus of your choice and why: Campus.....
b) Why is it your choice?

**Thank you for taking your time to respond to the questions that will assist TUC to serve you better.
We wish you all the best in our studies at TUC**