DEDAN KIMATHI UNIVERSITY OF TECHNOLOGY
PRIVATE BAG – 10143, DEDAN KIMATHI
TELEPHONE: 061-2050000, 0708 680 879, 0798 598 810
E-mail: deanofstudents@dkut.ac.ke; website: www.dkut.ac.ke

Directorate of Students' Welfare – Internal Hostel Application Form

INTERNAL HOSTEL APPLICATION FORM

PERIOD APPLIED FOR: .....

SECTION I: APPLICANT'S PERSONAL DETAILS

....
SURNAME MIDDLE FIRST

MOBILE: ..... REG. NO: .....

GENDER ☐ Male ☐ Female (**Tick where appropriate**)

COURSE: .....

YEAR OF STUDY: .....SEMESTER.....

Do you live with any Disability? ☐ Yes ☐ No (**If YES specify the Disability**)

Specify .....

SECTION II: NEEDS ASSESSMENT (Attach evidence where applicable)

1. Have you ever been accommodated within the University hostels?

   ☐ Yes ☐ No (**If YES specify the period**) Specify .....

2. Are you sponsored by an organization recognized by the University and sponsorship includes accommodation?

   Please provide the name of the sponsor .....

3. Do you receive HELB? ☐ Yes ☐ No (**If yes, how much per year**)

   Helb Allocation per year .....

4. Have you ever benefited from DeKUT bursary before? ..... Amount Awarded .....

5. Have you ever benefited from Work-study program before? ..... specify the period.....

DEDAN KIMATHI UNIVERSITY OF TECHNOLOGY
DIRECTOR
STUDENTS' WELFARE
P.O. Box PRIVATE BAG 10143 DEDAN KIMATHI

6. Have you ever deferred of studies on financial grounds? ..... If yes, state the period: .....

7. Have you ever taken an academic leave? ..... If yes, state the period: .....

8. Have you ever requested for special exams on financial grounds? .....If yes, specify the period: .....

9. Briefly describe why you should be considered for a space within the University hostels?

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SECTION III: APPLICANT'S DECLARATION

I confirm that the above information is true to the best of my knowledge and I am aware that giving false information will lead to automatic disqualification and/or disciplinary action against me.

FULL NAME	SIGNATURE	DATE

NOTE: Incomplete forms will not be processed

FOR OFFICIAL USE ONLY

a) Director, DSW

.....

Signature Date

b) Housekeeper

.....

Signature Date