



# Rudolph Kwanue University (RKU)

+231-777272293 / +231-776142745 / +231-880432640



## KRU 2021 STUDENT ADMISSION APPLICATION

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last Middle First

Home address: \_\_\_\_\_

Contact(s): \_\_\_\_\_

Gender: male \_\_\_\_\_ female \_\_\_\_\_

Nationality: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Place of birth: \_\_\_\_\_  
Town county country

Date of birth: \_\_\_\_\_  
Month Date Year

Your current occupation: \_\_\_\_\_

Name of father: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of mother: \_\_\_\_\_ Occupation: \_\_\_\_\_

What language are you most comfortable in: \_\_\_\_\_

DO YOU HAVE ANY HEALTH / MEDICAL CHALLENGE: NO  YES  IF YES, KINDLY EXPLAIN  
AND ATTACH MEDICAL REPORT FROM ANY RENOWNED INSTITUTION (CLINIC/HOSPITAL):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**"Education is our passion"**



Why did you choose RKU?

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Rudolph Kwanue

Please tell us how you will make use of this opportunity when accepted?

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What is or are your life goal(s)?

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I \_\_\_\_\_, hereby acknowledge that all the information provided herein are true and correct to the best of my knowledge and anything on the contrary should deny me entry in this institution (RKU).

Applicant's Full Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

University

"Education is our passion"

2017

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# BEHAVIOR CONTRACT FORM

I \_\_\_\_\_, the undersigned do hereby agreed to obey and abide by all the rules and regulations as well as policies of the RUDOLPH KWANUE UNIVERSITY (RKU).

Obviously, it is clear and understandable that should I fail to conduct myself in consonance with these rules, the institution reserves the right through the appropriate body to institute relevant disciplinary measures against me.

My failure to sign this behavior contract form automatically denies me admission into the institution.

Full name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

1. **Attested (Full name of parent/guardian):** \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Contact Number(s) of Parent/guardian: \_\_\_\_\_

2. **Attested (Full name of Pastor / Imam):** \_\_\_\_\_

Pastor's / Imam Signature: \_\_\_\_\_

Contact Number(s) of Pastor / Imam: \_\_\_\_\_

**Approved:** \_\_\_\_\_

**University Dean (RKU)**

**OFFICE USE ONLY**

IS THIS APPLICATION FORM ACCEPTED: YES  NO

MISSING DOCUMENT: Transcript  Letter of Recommendation  Health Certificate

COMMENTS: \_\_\_\_\_

Signed: \_\_\_\_\_

Registrar

Attested: \_\_\_\_\_

Guardian Counselor/Program Coordinator

Approved: \_\_\_\_\_

Director / Principal