



MACMILLAN UNIVERSITY COLLEGE

Macmillan Technical College

Valley View Office Park 6th Floor Tower A , Suite 19

City Park Drive off Limuru Road

www.macmillancollege.ac.ke

Tel: +254203509346/+254203509347/+254203509348

APPLICATION FORM

BEAUTY THERAPY (COSMETOLOGY)

Qualifications

- Beauty Therapy Level 3 : KCPE; Duration: 12 Months
- Beauty Therapy Level 4: KCSE any grade or Level 3 Beauty Therapy; Duration: 18 Months (1 Year)
- Certificate Beauty Therapy Level 5: KCSE D Plain and above or Level 4 Beauty Therapy; Duration: 24 Months
- Diploma Beauty Therapy Level 6: KCSE C- and above or Level 5 Beauty Therapy; Duration: 36 Months (Two Years)

READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM. COMPLETE ALL APPROPRIATE SECTIONS IN CAPITAL/BLOCK LETTERS AND RETURN WITH YOUR NON-REFUNDABLE APPLICATION FEE OF KSHS. 2,500 AND OTHER SUPPORTING DOCUMENTS TO MACMILLAN UNIVERSITY COLLEGE

NOTE: A copy of this application form should be sent to admission@macmillancollege.ac.ke and a copy of the payment receipt to finance@macmillancollege.ac.ke

*You will then be sent an admission letter with schedules of the program and classes from the office

**Application Deadline 22nd September 2023. Reporting date 28th September 2023

1. APPLICANT'S DETAILS

FULL NAMES (as per secondary school certificates or its equivalent)				
TITLE	MR[]	MRS[]	MS[]	GENDER Male [] Female []

DATE OF BIRTH	NATIONALITY.	NATIONAL ID/PASSPORT NO.
COUNTY	SUB- COUNTY	LOCATION
*COUNTRY OF RESIDENCE		

2. PERMANENT ADDRESS

P.O.BOX	EMAIL
MOBILE PHONE	*CITY/TOWN

3. PARENT/GUARDIAN INFORMATION

NAME OF THE FATHER:	PHONE NUMBER:	OCCUPATION:	DECEASED/ALIVE
NAME OF THE MOTHER:	PHONE NUMBER:	OCCUPATION:	DECEASED/ALIVE
NAME OF THE GUARDIAN:	PHONE NUMBER:	OCCUPATION:	

4. EMERGENCY CONTACTS

NAME:	PHONE NUMBER:	OCCUPATION:	RELATIONSHIP:
NAME:	PHONE NUMBER:	OCCUPATION:	RELATIONSHIP:

5. EDUCATIONAL BACKGROUND:

a. Secondary Education

INSTITUTIONS ATTENDED	FROM (YEAR)	TO (YEAR)	CERTIFICATE AWARDED	MEAN GRADE

b. Post-Secondary Education (If Any)

INSTITUTIONS ATTENDED	FROM (YEAR)	TO (YEAR)	CERTIFICATE/DEGREE AWARDED	CLASSIFICATION

6. COSMETOLOGY (BEAUTY THERAPY)

i.	PROGRAMME NAME	BEAUTY THERAPY		
ii.	PROGRAMME LEVEL	1. Beauty Therapy Level 3 [] 2. Beauty Therapy Level 4 [] 3. Beauty Therapy Level 5 [] 4. Beauty Therapy Level 6 []		
iii.	MODE OF STUDY	Physical Classes Full Time []		Evening & Weekend Classes []
iv.	PREFERRED INTAKE	January []	May []	September []

7. CAMPUS WHERE STUDY WILL BE UNDERTAKEN

Nairobi Campus []	Mombasa Campus []	Eldoret Campus []
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8. FINANCING OF STUDIES AND/OR IMMIGRATION PROGRAM

Please Tick SELF []	PARENTS/GUARDIAN []	GOVERNMENT/HELB []	OTHER SPONSORSHIP []
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9. HOBBY

PREFERRED SPORT	
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10. DO YOU HAVE ANY FORM OF DISABILITY? Tick Appropriately

Physical disability [] Visual impairment [] Hearing Impairment [] Mental health conditions (e.g. Bipolar) []
Autism Spectrum Disorder [] Dwarfism [] Other [] Specify

b) IS THERE ANY OTHER CONDITION YOU NEED TO BRING TO THE ATTENTION OF THE INSTITUTION THAT MAY REQUIRE SPECIAL ATTENTION?

Please Provide Details;

11. INDICATE HOW YOU LEARNT ABOUT MACMILLAN UNIVERSITY COLLEGE

Radio [] Television [] Newspapers [] Friends/referral [] Exhibitions [] Teachers [] Prospectus [] Website [] Social media [] Career days []

If by a friend or referral indicate the name and NAME

.....CONTACTS
(Phone Number).....

12. DECLARATION

I consent that information on my conduct, fees status and academic progress may be made available to my parent/guardian/sponsor

I hereby certify that the information given in this application is correct and complete to the best of my knowledge, and hereby give my permission to the admissions office to obtain any verification deemed necessary to process my application. I further certify that I will arrange for the forwarding of official transcripts as requested in the instructions, and that transcripts become the property of the Institution and will neither be forwarded to another institution nor returned to me. I will include with this application my application fee receipt and other documents as required in the application instructions. I also recognize that fees paid towards the program to the institution as instructed shall not be refunded.

Signature: Date:

Sign your application form before returning it to Mount Kenya University.

APPLICATION CHECKLIST

1. Non-refundable application fee (Kshs. 2,500. *No cash payment**)
2. Duly filled and signed application form
3. Copies of all academic certificates including secondary school certificates

REGISTRATION: Students/Clients should be registered for classes and training prior to the beginning of any scheduled classes/semester to avoid failure to attain 2/3 class attendance. As a new student/client, you will be guided to complete the registration procedures during the registration/orientation period.

DECLARATION

YOU ACKNOWLEDGE AND AGREE: (i) THAT YOU HAVE FULLY READ, UNDERSTOOD, AND ARE VOLUNTARILY ENTERING INTO THIS AGREEMENT; AND (ii) THAT, I HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS AND CONSULT BEFORE SIGNING THIS AGREEMENT.

Your Full Name.....Signature.....Date.....

**ONLY DULY FILLED APPLICATION FORMS
WILL BE PROCESSED.
www.macmillancollege.ac.ke**

