ELON MUSK
UNIVERSITY OF EAST AFRICA

APPLICATION FOR ADMISSION

Academic Year: _____2027_____

Application Reference (Office Use Only): _____

SECTION A. PERSONAL INFORMATION

1. Surname (Family Name): _____

2. First Name(s): _____

3. Other Name(s): _____

4. Date of Birth (DD/MM/YYYY): _____/_____/_____

5. Sex: Male ☐ Female ☐ Prefer not to say ☐

6. Nationality: _____

7. Country of Residence: _____

8. National ID / Passport Number: _____

SECTION B. CONTACT INFORMATION

Postal Address (If available): _____

City: _____

Country: _____

Telephone (WhatsApp preferred): _____

Email Address: _____

SECTION C. PROGRAMME APPLIED FOR

School: School of Public Health ☐ School of Pharmacy ☐

Programme: _____

Level: Bachelor's ☐ PharmD ☐ MPH-PhD Programme ☐

Mode of Study: Full-time ☐ Part-time ☐

Intended Intake: **January, 2027**

SECTION D. PREVIOUS EDUCATION

Qualification	Institution	Country	Year Completed
Secondary			
Diploma			
Bachelor's			
Master's			
Doctorate/PhD			

SECTION E. EMPLOYMENT (if applicable)

Current Employer: _____

Position: _____

Years of Experience: _____

SECTION F. ENGLISH LANGUAGE

Is English your primary language? Yes ☐ No ☐

If No, qualification (Certificate, Previous studies in English): _____

SECTION G. DOCUMENT CHECKLIST

Completed Application Form ☐

Passport-size Photograph ☐

National ID or Passport ☐

Academic Certificates ☐

Academic Transcripts ☐

English Language Certificate (if applicable) ☐

SECTION H. DECLARATION

I hereby apply for admission to the programme indicated in this application. I confirm that I understand the nature of the programme, the Placement-Based Education for Impact™ (PBEI™) approach, and that I am willing to comply with the University's academic regulations and placement requirements.

Applicant's Signature: _____

Date: _____

OFFICE USE ONLY

Application Received Date: _____

Application Number: _____

Status: Complete ☐ Incomplete ☐

Admissions Officer: _____

Faculty Decision: Accepted ☐ Conditionally Accepted ☐ Waitlisted ☐ Rejected ☐

Remarks: _____

Authorized Signature: _____ Date: _____