



MARIST INTERNATIONAL UNIVERSITY COLLEGE

Constituent College of The Catholic University of Eastern Africa

Langata Road, P.O. Box 24450 – 00502 Karen, Nairobi

Phone: 254 – 20- 2012787, 2012797; Mobile: 0702-771959/0787165417

INTERNSHIP/ATTACHMENT APPLICATION FORM

1. Surname _____ Other names _____
2. Date of birth _____
3. Nationality: _____
4. ID/Passport number _____
5. Contact:
 - a) Postal address _____
 - b) Telephone number _____
 - c) E-mail address _____

6. Educational and professional background

Name of the institution (start with most current)	Course Undertaken	Year: From _____ To _____	Grades obtained

7. If your job requires you to work for long hours, early in the morning and late at night, would you still accept it? Yes[] No[]

8. Next of kin details:

- i. Name _____
- ii. Postal address _____
- iii. Telephone number _____
- iv. Relationship _____

9. Referees details:

i. Name _____

Address _____

Telephone number _____

ii. Name _____

Address _____

Telephone number _____

10. APPLICATION

Department in which Internship/Attachment is applied _____

Proposed starting date _____

11. DECLARATION

I declare that the information given herein is correct to the best of my knowledge. I clearly understand that the University offers internship/Attachment for 3 months without pay. I also declare that I shall abide with all staff rules and regulations.

Candidate's Signature Date.....

OFFICIAL USE ONLY

RECOMMENDATION FROM HEAD OF DEPARTMENT UNDER WHICH THE INTERNSHIP/ATTACHMENT IS APPLIED

Recommended [] Not recommended []

Reasons for recommending or not recommending

.....
.....

Full name Designation.....

Signature Date.....

DEPUTY PRINCIPAL ADMINISTRATION

Recommended []

Not recommended []

Reasons for recommending or not recommending

.....
.....

Full name Designation.....

Signature Date.....

APPROVAL BY PRINCIPAL

Approved [] Not approved []

Reasons for Approving or not Approving

.....
.....

Full name Signature..... Date.....

HUMAN RESOURCES OFFICER

Recommended []

Not recommended []

Reasons for recommending or not recommending

.....
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Starting date Ending date.....

Full name Signature..... Date.....
