

UNIVERSITY OF NAIROBI WANGARI MAATHAI INSTITUTE FOR PEACE & ENVIRONMENTAL STUDIES

| APPLICATION NO | SERIAL NO | O. WMI: 2015 | |
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| WANGARI MAATHAI INSTITUTE FOR PEACE AND ENVIRONMENTAL STUDIES APPLICATION FORM FOR ADMISSION FOR SHORT COURSE ON ENVIROMENTA IMPACT ASSSEMENT AND AUDIT | | | Attach PP photo here |
| This form should be filled in a application fees to: Director, UNES Consultancy Block along The form should be typed or con | WMI, Upper Kabete g Statehouse Road or | , off Kapenguria road, P Main Campus Gandhi wa | P. O. Box 29053-00625 or ing ground floor room G3. |
| | SECT | ION A | |
| 1. NameSui | rname | (Other names) | |
| dd 2. Date of Birth | mo | уу | |
| 3. Marital status | | | |
| 4. Nationality | | Religion | |
| 5. National ID/PP No | | | |
| 6. Country of residence. | | | |
| Affiliated organization: Name and Address | | | |
| 7. Official Address | | | |
| Address | | | |
| Country | | Tel: | |
| Fax | | E-mail | |
| 8. In case of emergency, | contact: | | |

Address:

Tel..: Fax

E-mail....

| 9. | | | ademic/professional re | | | | |
|--|-------------------------------------|---------------------------|-----------------------------|------------------------------------|--|--|--|
| | 1. Name: Address. Tel.: Fax | | | | | | |
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| | | | | | | | |
| | E-mail | | | | | | |
| | 2. Name: | | | | | | |
| | 2. Name: Address | | | | | | |
| | Tel.: Fax | | | | | | |
| | E-mail | | | | | | |
| | | SE | CTION B | | | | |
| EDUC | CATION BACKGROUN | D AND QUALIFICA | TIONS OBTAINED | | | | |
| 1. <i>Pl</i> | ease give exact name of in | estitution and title(s) o | f degree(s) in original lan | guage. Please do not translate or | | | |
| | uate to other degrees | sitution and title(s) o | j degree(s) in original ian | guage. I tease ao noi transtate or | | | |
| | University attended | Year graduated | Degree acquired | | | | |
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| I certify that the information provided above is true, complete and correct to the best of my knowledge and belief. I authorize WMI to verify the correctness of the information I have provided above). Date | | | | | | | |
| | Date | Sig | nature | | | | |
| | | SECTION C (O | FFICIAL USE ONLY) | | | | |
| 1. | Year | | | | | | |
| 2. | Application No | | | | | | |
| 3. | Application Fee Receipt No | | | | | | |
| | | | | | | | |
| 4. | Approval | ACCEPT | REJECT | | | | |
| | Program Coordinator, | Wangari Maathai l | nstitute | | | | |
| | | Date | | | | | |
| 5. | Approval | ACCEPT | REJECT | | | | |
| | Director, Wangari Maathai Institute | | | | | | |
| | Date | | | | | | |