**

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**SCHOOL OF ENVIRONMENTAL SCIENCES & NATURAL RESOURCE MANAGEMENT**

**Environmental Impact Assessment / Environmental Audit Course**

**Application Form**

 **2023/2024**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** | **First Name** | **Middle Name** | **Male/Female** |
|  |  |  |  |
| **Date of Birth** |  | **Nationality:** |  |
| National ID/Student Reg. No./Passport No. |  |
| Name of Organization/Institution |  |
| Current Contact |  |
|  | Postal Address: |
|  | E-mail:  |
| Academic Qualification |  |
|  |  |
| Fees payable by | 1. | Self |  |
| 2. | Institution |  |
| Date: DD/MM/Year  |  | Signature: |  |

Completed registration forms should be received by the course organizer not later than

***two* *weeks*** prior to commencement dates as per selected session.

Completed form should be sent to:

Dean, School of Environmental Studies

University of Eldoret

P.O. Box 1125-30100

ELDORET

*or*

Email:

Dean SENR EIA Coordinator EIA Secretariat

deanses@uoeld.ac.ke jngetich@uoeld.ac.ke mary.biama@uoeld.ac.ke

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