



ENQUIRY FORM / CONSENT FORM

Personal Details

Sex: **M** () / **F** ()

Full Names:

Date of Birth:

Email Address:

Contact Number:

Parent/ Guardian Email:

Previous/ Current Education Level

Education Level: KCSE () / IGCSE () / I.B () / A LEVEL () / DIPLOMA () / CERT () / DEGREE ()

Year of completion: Grade Achieved:

School: Course Studied:

PREFERRED UNIVERSITY:

COURSE OF INTEREST:

PREFERRED YEAR OF ENTRY:

SOURCE OF FUNDING:

Introduce friends interested in studying abroad

Name	School	Email Address	Mobile Number

UCAS Students

UCAS Number:

University Choice

Firm choice: Requirement:

Insurance Choice: Requirement:

By signing this consent form I confirm that I am seeking the advice of UNICONNECT with all matters concerning my university application.

Date:

Signature: