



COUNCIL OF LEGAL EDUCATION

APPLICATION AND LICENSING FORMS

FORM CLE/L/001

RI 4(2)

APPLICATION FOR LICENSING

- 1 Name of the institution:
- 2 Physical address (location):
- 3 Contacts:
Postal Address:
- Telephone:..... Fax:
- E-mail: Others:
4. Date of application
5. Physical Location of Programme:.....
6. Programme Level (Degree, Diploma, etc.):.....
7. Minimum Admission Requirements:
8. Projected Enrolment per Year
9. Projected staff establishment
10. Other university programmes on offer at the proposed physical location of the programme
11. List of Reports and Documents attached to the application

On behalf of the applicant herein above mentioned, I the (designation) of the applicant hereby make application for Licence of the applicant as a Legal Education Provider to offer a(certificate, diploma, degree, Post-graduate diploma or post-graduate degree) in legal education and training in Kenya under the name and style being an institution registered as a higher education institution under the(laws of Kenya) (attach registration certificates) and confirm payment of Kshs..... being the requisite application fee. I declare that the information given herein is correct to the best of my knowledge and belief.

Name.....

Designation.....

Signature..... Institution's stamp.....