MK Arcade, next to Nairobi Womens Hospital
Kitengela, along Kitengela – Namanga Road

ASHEVILLE MEDICAL TRAINING COLLEGE (AMTC)

STUDENT ADMISSION ACCEPTANCE FORM

(To be completed upon admission)

This form serves as an official confirmation that the admitted student has read, understood, and agreed to comply with the admission terms, institutional policies, rules, regulations, and conditions governing students at Asheville Medical Training College (AMTC) as outlined in the Student Handbook and other official College documents provided to the student.

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1. STUDENT DETAILS

Student Name: _____

Programme/Course Admitted:

_____

Intake: _____

Student Phone Number:

_____

Email Address: _____

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2. ADMISSION ACCEPTANCE

I hereby confirm that I have been offered admission to study at Asheville Medical Training College (AMTC) and willingly accept the offer of admission to pursue the programme indicated above.

I acknowledge that my admission is subject to meeting and maintaining all academic, regulatory, administrative, and institutional requirements applicable to my programme.

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3. FEE PAYMENT POLICY

By signing this document, I acknowledge and agree to comply with the College's fee payment policies, including the following:

1. I understand that a minimum of sixty percent (60%) of the total programme fee must be paid upon admission or reporting to the College, unless otherwise communicated in writing by the College Administration.

2. I acknowledge that, subject to applicable law and the College's approved policies, fees once paid to the College are non-refundable and non-transferable, except where the College expressly approves otherwise in writing.

3. I understand that fees paid on behalf of a student cannot be transferred to another person, programme, or institution without prior written authorization from the College Administration.

4. I understand that admission and fee payment are subject to verification and confirmation of my academic entry qualifications and eligibility for the programme. The College reserves the right to review and verify submitted academic documents before confirming admission.

5. I confirm that all academic certificates, result slips, identification documents, and other information submitted during admission are genuine and accurate.

6. Where it is subsequently established that a student does not meet the approved entry requirements or has submitted inaccurate, false, or misleading information, the College reserves the right to take appropriate administrative action in accordance with its policies and applicable regulations.

4. COMPLIANCE WITH STUDENT RULES AND REGULATIONS

I confirm that I have read, understood, and agree to abide by the Student Code of Conduct, College Rules and Regulations, Academic Regulations, Clinical/Practical Training Requirements, and other applicable provisions contained in the AMTC Student Handbook.

I understand that failure to comply with College rules, regulations, academic requirements, professional standards, or clinical/practical training requirements may result in disciplinary action in accordance with the College's established procedures.

5. INSTITUTIONAL TRANSFER POLICY

I understand that transfer from Asheville Medical Training College (AMTC) to another institution is subject to the applicable College policies, programme requirements, and regulatory requirements.

Where I wish to transfer to another institution, I acknowledge that the request must be formally submitted in writing to the College Administration/Registrar for review and consideration.

The College reserves the right to assess and determine whether the requested transfer can be approved, subject to applicable laws, regulations, institutional policies, and any outstanding academic or financial obligations.

6. USE OF STUDENT IMAGES FOR INSTITUTIONAL PURPOSES

I understand that photographs, images, or video recordings may be taken during academic, clinical, practical, graduation, sporting, or other institutional activities.

I authorize AMTC to use such photographs, images, or recordings for legitimate institutional communication, educational documentation, publicity, and marketing purposes, including institutional publications, official social media platforms, websites, brochures, posters, and other College communication materials, subject to applicable data protection and privacy requirements.

Where required by applicable law or institutional policy, the College will obtain appropriate consent or provide applicable privacy information regarding the use of personal data and images.

7. STUDENT DECLARATION

I hereby declare that I have read, understood, and voluntarily accepted the admission terms, fee payment policies, institutional rules and regulations, and other conditions stated in this form and the AMTC Student Handbook.

I confirm that the information and documents I have provided to the College are true, accurate, and complete to the best of my knowledge.

I agree to comply with the academic, administrative, professional, clinical, and disciplinary requirements of Asheville Medical Training College (AMTC) throughout my period of study.

Student Name: _____

Student Signature: _____

Date: _____

WITNESS – PARENT/GUARDIAN

Parent/Guardian Name: _____

Relationship to Student:

_____

Parent/Guardian Signature:

_____

Date: _____

Phone Number: _____

FOR OFFICIAL COLLEGE USE ONLY

Received By: _____

Designation: _____

Signature: _____

Date: _____

Admission/Registration Number:

_____

Official College Stamp: