University of Kmt

This application will permit you to register for classes beginning January 2008. Because you are registering for classes, only basic information is required. If you choose to enroll in the University of Kmt at a later date, further information will be required. Please complete the following application and email to: ikilimanjaro@ukmtpress.com

Personal Information

Name: _____
First Last

Present Address: _____
Address City/State Zip

Phone: _____ Best time to call: _____
Area Code/Number

Cell: _____
Area Code/Number

Email Address: _____

Date of Birth: _____

Present Occupation/Title: _____

Employer/School: _____

Citizenship: _____ First Language: _____

Languages Spoken Fluently: _____

Reason you are taking classes (check all that apply):

_____ To apply toward (prepare for) a future Bachelor's Degree
_____ To apply toward (prepare for) a future Master's Degree
_____ To apply toward (prepare for) a future PhD
_____ Self improvement
_____ Self knowledge
_____ Develop a practical skill
_____ Learn African history, culture and civilization
_____ Other (please identify): _____

How did you hear about University of Kmt?

_____ Word of mouth
_____ Website
_____ Promotion cards
_____ Blogs
_____ Study groups
_____ Other (please identify): _____