



AFFIX
COLOUR
PASSPORT
PHOTO HERE

SEGTI APPLICATION FORM 2026

Smart Eagles Global Training Institute · Nairobi, Kenya

Phone / WhatsApp: +254 786 403 040 · Email: smarteaglesglobalinstitute@gmail.com

Application fee: USD 30.00 (KSh 4,500). Complete all relevant sections clearly and send the scanned form to **smarteaglesglobalinstitute@gmail.com**. Contact Admissions for current payment instructions and programme details.

Smart Eagles Global Training Institute welcomes applicants without discrimination on the basis of race, colour, gender, nationality, ethnic origin or disability in its admissions and educational programmes.

SECTION I — PERSONAL INFORMATION

Full name

Postal address

City / town

Country

Postal code

Telephone number

Date of birth

Identification number

Passport number

Email address

Gender

Citizenship

SECTION II — REFERENCE INFORMATION

Provide a close Christian friend who is not a relative and has known you for at least one year.

Name

Email address

Phone number

Relationship / additional information

SECTION III — ENROLMENT AND COURSE SELECTION

Preferred school / programme

Preferred intake

Preferred study mode

☐ On-campus ☐ Online ☐ Blended

Level requested:

☐ Certificate ☐ Diploma ☐ Bachelor's ☐ Master's

Current qualifications and certifications

1. Qualification

Institution

2. Qualification

Institution

3. Qualification

Institution

SECTION IV — CREDIT TRANSFER / RPL ENQUIRY

Have you completed related learning or courses elsewhere that you would like Admissions to review?

☐ Yes ☐ No

Details of prior learning or courses for review

SECTION V — SPIRITUAL LIFE AND MINISTRY

Date of salvation	Place
Current church	Location
Pastor’s name	Pastor’s phone
Current ministry position	Location

You may attach a pastor’s letter of recommendation where applicable.

SECTION VI — EDUCATION SUPPORT

How do you plan to support your education?

☐ Personal finances ☐ Fund raising ☐ Grant / sponsorship ☐ Other

Additional information

SECTION VII — ACCESSIBILITY AND SUPPORT

Is there any accessibility, learning or support information you would like SEGTI to know?

SECTION VIII — EMERGENCY CONTACT

Give a trusted contact who can be reached in case of an emergency.

Name	Relationship
Telephone number	Email address

Declaration

I confirm that the information provided in this application is true and complete to the best of my knowledge. I understand that submitting this form does not guarantee admission or enrolment, and that SEGTI may request additional information before making an admissions decision. I consent to SEGTI using the information provided to process this application and communicate with me about admissions.

Applicant full name	Signature	Date
---------------------	-----------	------

Submission: Scan the completed form and email it to **smarteaglesglobalinstitute@gmail.com**. For help, call or WhatsApp **+254 786 403 040**. Admissions will contact successful applicants using the details provided.