

☐ General☐ Provisional

Hattiban, Lalitpur, Nepal Tel: +977-1-5913306, 5913307 kusoa.edu.np

<u>General</u>	Instruction	ons to th	ne Appl	icant

- 1. Complete the application form as presented.
- 2. Attach copies of original transcripts (high school onwards) along with the application form.
- 3. Submit an application letter (motivation essay) explaining why you want to join the program.
- 4. Submit this application with a non-refundable application fee of NRs. 1000/-.

Prepare following documents to upload in the application portal beforehand:

S.N.	Documents	Tick	Remarks	
1	Application Letter (Motivation for joining the program at KUSOA)			
2	Passport-size Photo (Upload a recent PP size Photo where required)			
SEE o	r Equivalent Certification			
3	A copy of Mark Sheet			
4	A copy of Character Certificate			
Grad	2 12 or Equivalent Level Certification			
5	A copy of Transcript			
6	A copy of Mark Sheet			
7	A copy of Character Certificate			
8	A copy of Citizenship (Passport copy for foreign students)			
9	A copy of payment-receipt (for application and entrance exam fee NRs. 1000/-)			
10	A completed Application Form (Fill in all the required fields in the application form)			

## **APPLICATION FORM**

Name of Applicant:			
Last Name	First Name	Middle Name	
(Number your top three priorities as 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> and 4 <sup>th</sup> )			
Bachelor in English and Mass Communication & Journalism (BA-EMCJ)	Bachelor ir	Bachelor in Media Studies (BMS)	
Bachelor in Economics (B-ECON)	Bachelor ir	n Yogic Sciences and Wellbeing (BYSW)	
Bachelor in Community Development (BCD)			

# A P P L I C A T I O N F O R M | S C H O O L O F A R T S | K A T H M A N D U UN I V E R S I T Y

KATHMANDU UNIVERSITY SCHOOL OF ARTS FOUR-YEAR UNDERGRADUATE PROGRAM

Passport size Photograph

## **APPLICATION FORM**

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ict:Ward	d no:
	,
Percentage or CGPA	Dates Attended
	Percentage

## 5. Activities

6.

7.

List major activity since your high school days.

Name of Activity	Description	Date of Participation
her Details		
dd any other information which you believe may	y influence our decision on your application	
ource of Information:		
Where did you find out about this program?		
School's Website Social Media	Newspapers School's E	events others
lease mention if Others:		

3.	Only for foreign students				
	Country of citizenship:	_Type of visa:			
	Local contact person:				
	I hereby declare that the information given above is complete and accurate for KU's official purpose.				
	Signature of Applicant	Date:			
	Signature of Applicant				
		Date:			
	Signature of Parent/Guardian				
	Varified by	Appropried by			
	Verified by	Approved by			
	Name:	Name:			
	Designation:	Designation:			
	Date:	Date:			



Kathmandu University

## School of Arts

Hattiban, Lalitpur, Nepal Tel: +977-1-5913306, 5913307

Kathmandu University School of Arts' Admission Test (KUSAAT) -2025

Passport size Photograph

(KUSAAI) -2023			Thotograph
	ENTRANCE EXAM ID CA	ARD	
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Program applied for:			
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Date of Birth:  DD MM YY	A.D. DD MM YY	Middle Name  B.S.	
Email:		Mobile No:	
		Examination Centre (For offici	ial use.):
Applicant's Signature:		School of Arts, Hattiban	
		School of Arts, Balkumari	
		Dept. of Music, SOA, Tripu	ıreswor
	-		
HoD/Coordinator			
4			
Kathmandu University  School of Arts  Hattiban, Lalitpur, Nepal Tel: +977 1 5913306, 5913307  Kathmandu University School (KUSAAT) -2025		nbol No:	Passport size Photograph
Program applied for:			
Last Name	First Name	Middle Name	
Date of Birth:	A.D.	B.S.	
DD MM YY	DD MM YY	Mobile No:	
Email:		Examination Centre (For offici	ialusa ):
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☐ School of Arts, Hattiban  Applicant's Signature: ☐ School of Arts, Balkumari			
Applicatit 3 Signature.		Dept. of Music, SOA, Tripu	ıreswor
		L Dept. of Music, SOA, 111pt	41 C3 WOI
HoD/Coordinator			

Symbol No: