



Affix one of your current
Passport size photograph
on each form

UNIVERSITY OF NAIROBI
BOARD OF POSTGRADUATE STUDIES
APPLICATION FORM FOR POSTGRADUATE ADMISSION

ACADEMIC YEAR _____ ADMISSION NO. _____ REF NO. _____

Two copies of this form should be typed or completed in Block Letters and returned to the Director, Board of Postgraduate Studies, P.O. BOX 30197, NAIROBI, KENYA.

<p>1. (Surname) (Other names)</p> <p>2. Date of birth: Country of Birth:</p> <p>3. Gender: M/F Marital Status: Married/Single/Other</p> <p>4. Citizenship: 5. Religion:</p> <p>6. Location/Town: District/State:</p> <p>7. ID/Passport No. Place of Issue:</p> <p>8. Address for Correspondence:</p> <p>Phone No. Fax: Email:</p> <p>9. Permanent Address (If different from above Postal Address):</p>	<p>a) Name of next of kin:</p> <p>Relationship:</p> <p>Address:</p> <p>Tel/Fax No.:</p> <p>b) Contact information in case of Emergency: Name(s):</p> <p>Address:</p> <p>Tel/Fax No.:</p>
<p>10. University Education and Qualifications obtained. Attach copies of your degree certificates and academic transcripts.</p> <p>a) First degree: i). University attended From To</p> <p>ii). Field of Study</p> <p>iii). Degree Awarded</p> <p>b) Other Degrees and Diplomas (where applicable)</p> <p>c) State Qualifying practical experience related to the program (if applicable)</p> <p>d) Have you been admitted for a Postgraduate program in this University or any other institution before? (Yes/No)</p> <p>If yes, give i) Name of University</p> <p>ii) Year attended</p> <p>iii) Degree/Diploma/Certificate obtained (tick appropriately):</p>	<p>i) Name of Degree/Diploma/Certificate Course Applied for:</p> <p>ii) Field of Study/Specialization:</p> <p>iii) Faculty/Institute/School:</p> <p>iv) Department:</p> <p>v) Registration Status (tick appropriately):</p> <p>a) Full time b) Part time c) Distance Studies d) Occasional Student</p> <p>vi) Proposed period of study: From To</p> <p>vii) Institution where Research is to be undertaken if not at this university.</p> <p>viii) Indicate how you intend to finance your studies:</p> <p>ix) Name and Address of current Employer:</p>

<p>I certify that the information I have provided is correct.</p> <p>Name of applicant:</p> <p>Signature: Date:</p>	<p>Give names and addresses of two Academic Referees</p> <p>i) Name:</p> <p>Address:</p> <p>ii) Name:</p> <p>Address:</p>
<p>Note: i) Attach a copy of your receipt as proof of having paid the non-refundable application fee (Kshs 3000 for Kenyans and 50 US dollars or its equivalent for Non-Kenyans).</p> <p>ii) For Ph.D applicants, research proposals should be submitted along with the application forms.</p>	

FOR OFFICAL USE ONLY

- A. (i) Forwarded to Department/Institute/School of
Date:
- (ii) Recommendation of Department: ACCEPT REJECT
- (iii) Reason(s) for rejecting application:
- (iv) University Supervisor(s): (1)
(2)
- (v) Chairman of Department: Signature: Date:
- B. (i) Forwarded to Faculty/Institute/School (PSC) Date:
- (ii) Recommendation of Faculty/Institute/School (PSC) ACCEPT REJECT
- (iii) Signed: Chairman of Faculty/Institute/School (PSC).....
Date:
- C. (i) Recommendation of Faculty/Institute/School: ACCEPT REJECT
- (ii) Signed: Dean of Faculty/Director/Institute/School
Date:
- D. (i) Forwarded to Board of Postgraduate Studies: Date:
- (ii) Approval of BPS: ACCEPT REJECT
- (iii) Signed: Director BPS Date: