

Affix one of your current Passport size photograph on each form



Technical University of Kenya, Haile Selassie Avenue, P. O. Box 52428 - 00200 NAIROBI

SHOOL OF GRADUATE AND ADVANCED STUDIES

APPLICATION FORM FOR POSTGRADUATE ADMISSION

INTAKE YEAR _____ MONTH _____ REF No. _____

Two copies of this form should be typed or completed in block letters and returned to the Director, School of Graduate and Advanced Studies, Technical University of Kenya, P. O. BOX 52428-00200 NAIROBI.

SECTION A	
1. Account No.....	Branch
2. Deposit Date (DD/MM/YY).....	Amount Paid
3. Narrative	
4. Ref. No.	
SECTION B	a) Name of next of kin:
1.	Relationship:
	Address:

	Tel/Fax No:
	Email:
	b) Contact person in case of Emergency
	Name(s):
	Address:

	Tel/Fax No:
	Email:

SECTION C	SECTION D
University education and qualifications obtained (Attach certified copies of degree certificates and academic transcripts)	a) Name of Degree/Diploma/Certificate Course Applied for:
a) First degree:
i) University attended

<p>From To</p> <p>ii) Field of study</p> <p>iii) Degree awarded</p> <p>b) Other degree and diploma (where applicable)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>c) State qualifying practical experience related to the programme (if applicable)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>d) Have you been admitted for a postgraduate programme in this University or any other Institution before? (Yes/No)</p> <p>If yes, give i) Name of Institution.....</p> <p>ii) Year attended</p> <p>iii) Degree/Diploma/Certificate obtained tick appropriately):</p>	<p>b) Field of Study/Specialization:</p> <p>.....</p> <p>.....</p> <p>c) Faculty/Institute/School/Centre</p> <p>.....</p> <p>d) Department:</p> <p>.....</p> <p>e) Mode of Study (tick appropriately):</p> <p>i) Full time</p> <p>ii) Part time</p> <p>iii) Distance Studies</p> <p>iv) School Based</p> <p>ii) Occasional Student</p> <p>f) Indicate how you intend to finance your studies (Self, Scholarship, other)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Name and Address of current Employer:</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>I certify that the information I have provided is correct.</p> <p>Name of applicant:</p> <p>.....</p> <p>Signature: Date:</p>	<p>Give names and addresses of two Academic Referees</p> <p>a)Name:.....</p> <p>Address:</p> <p>Email:.....</p> <p>Tel. No.</p> <p>b)Name:.....</p> <p>Address:.....</p> <p>.....</p> <p>Email:.....</p> <p>Tel. No.</p>

Note: i) Attach original bank slip as proof of having paid the non-refundable application fee (Kshs 3,000 for Kenyans and Kshs. 3,600 or its equivalent for Non-Kenyans)
ii) For PhD by thesis applicants, research concepts signed by proposed Supervisors should be submitted along with the application forms. (Ksh 3,000 for Kenyans and Ksh 3,600 or its equivalent for non-Kenyans)

SECTION D

FOR OFFICIAL USE ONLY

A i) Recommendation of Department:

ACCEPT

REJECT

ii) Reason(s) for rejecting application:

iii) University Supervisor(s): (1)

(2)

iv) Chairman of Department: Signature:..... Date:

B. i) Recommendation of /Institute/School Centre)

ACCEPT

REJECT

ii) Signed Head of/Institute/School Centre)

Date:

c) i) Recommendation of Faculty/Institute/School(PSC)

ACCEPT

REJECT

ii) Signed: Executive Dean of Faculty

Date:

D. i) Approval of Director of Postgraduate Studies

ACCEPT

REJECT

ii) Signed: Director, Postgraduate Studies: Date: