

Affix one of your current Passport size photograph on each form



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

SCHOOL OF GRADUATE & 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 & 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:

(Surname) (Other names)	Tel/Fax No:
2. Date of birth: Country of Birth:	Email:
3. Gender: M/F Marital Status:	
Married/Single/Other	b) Contact person in case of Emergency
4. Citizenship: 5. Religion:.....	Name(s):
6. ID/Passport No. Place of issue:	Address:
.....
7. Address: Postal code:	Tel/Fax No:
Town/City Country:.....	Email:
8. Phone No. Email:
9. Do you have any special needs? (Yes/No)	
Specify: Visual/Hearing/Physical/Other	
.....	
.....	
.....	
SECTION C	SECTION D
University education and qualifications obtained (Attach certified copies of degree certificates and academic transcripts)	a)Name of Postgraduate
a) First degree:	Degree/Diploma/Certificate Course Applied for:
i) University attended
From To
	b) Field of Study/Specialization:

ii) Field of study

iii) Degree awarded

b) Other degree and diploma (where applicable)

c) State qualifying practical experience related to the programme (if applicable)

d) Have you been admitted for a postgraduate programme in this University or any other Institution before? (Yes/No)
 If yes, give i) Name of Institution.....
 ii) Year attended

iii) Degree/Diploma/Certificate obtained tick appropriately):

.....

 c) Faculty/Institute/School/Centre

 d) Department:

 e) Mode of Study (tick appropriately):
 i) Full time
 ii) Part time
 iii) Distance Studies
 iv) School Based
 ii) Occasional Student

f) Indicate how you intend to finance your studies (Self, Scholarship, other)

 Name and Address of current Employer:

I certify that the information I have provided is correct.

Name of applicant:

Signature: Date:

Give names and addresses of two Academic Referees

a)Name:.....

Address:

Email:.....
 Tel. No.

b)Name:.....

Address:.....

Email:.....
 Tel. No.

Note: i) Attach original bank slip as proof of having paid the non-refundable application fee (Kshs 2,000 for Kenyans and Kshs. 2,400 or its equivalent for Non-Kenyans)
 ii) For PhD by research and thesis applicants, research concepts signed by proposed Supervisors should be submitted along with the application forms.
 iii) For Masters' and other doctoral degree programmes, a brief statement of purpose or objective for admission into the programme by the applicant should be submitted along with the application forms.

SECTION D
FOR OFFICIAL USE ONLY

A i) Recommendation of Department:

ACCEPT	REJECT
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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
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ii) Signed Head of/Institute/School Centre)

Date:

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

ACCEPT	REJECT
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ii) Signed: Executive Dean of Faculty

Date:

D. i) Approval of Director, School of Graduate & Advanced Studies

ACCEPT	REJECT
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ii) Signed: Director, School of Graduate & Advanced Studies: Date: