



**KOITALEEL SAMOEI UNIVERSITY COLLEGE
ACADEMIC REGISTRAR'S OFFICE**

APPLICATION FORM FOR POSTGRADUATE ADMISSION

Affix one of
your current
Passport size
photograph on
each form

INTAKE YEAR _____ MONTH _____ REF NO. _____

**Two copies of this form should be typed or completed in block letters and returned to the Academic Registrar,
Koitaleel Samoei University College, P.O. Box 5-30307 Mosoriot, Tel. 0740183955**

SECTION A (As shown in the bank deposit slip)

1. Account No Branch
2. Deposit Date (DD/MON/YYYY)..... Amount Paid
3. Narrative
4. Ref No:

SECTION B

- | | |
|--|--|
| <ol style="list-style-type: none"> 1.
(Surname) (Other names) 2. Date of birth: Country of Birth: 3. 4. Gender: M/F..... Marital Status:
Married/Single/Other 5. Citizenship:..... 5. Religion: 6. ID/Passport No Place of Issue:
..... 7. Address.....Postal code.....
Town/City Country..... 8. Phone No.' Email: 9. Do you have any special needs? (Yes/No)
Specify: Visual/Hearing/Physical/other
..... | <p>a) Name of next of kin:</p> <p>Relationship:.....</p> <p>Address:.....</p> <p>Tel/Fax No.:.....Email:</p> <p>b) Contact person in case of Emergency</p> <p>Name(s):</p> <p>Address:</p> <p>Tel/Fax No.:</p> <p>Email:</p> |
|--|--|

SECTION C

University education and qualifications obtained
(Attach certified copies of degree certificates and academic transcripts)

a) First degree:

i) University attended

.....

From To

ii) Field of study

iii) Degree awarded

.....

b) Other degrees and diplomas (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)

a) Name of Degree/Diploma/Certificate Course Applied for:

.....

b) Field of Study/Specialization:

.....

c) School:

.....

d) Department:

.....

e) Mode of study (tick appropriately):

i) Full time

ii) Part Time

iii) Distance Studies

iv) School Based

v) Occasional Student

f) Study centre: Mosoriot /Nandi Hills etc

.....

If yes, give i) Name of Institution

.....

ii) Year attended

.....

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

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

.....

h) Name and Address of current Employer:

.....

<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>a) Name:.....</p> <p>Address:</p> <p>Email:</p> <p>b) Name:.....</p> <p>Address:.....</p> <p>Email:</p>
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Note: i) Attach original bank slip as proof of having paid the non-refundable application fee (Kshs 3000 for Kenyans and 30 US dollars or its equivalent for Non-Kenyans, PhD application fee is Kshs 3000 for all nationals)

ii) For PhD by thesis applicants, research proposals should be submitted along with the application forms

SECTION D FOR OFFICAL 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 Faculty/Institute/School (PSC)

ACCEPT

REJECT

(ii) Signed: Chairman of Faculty/Institute/School (PSC).....Date:.....

C. (i) Recommendation of School:

ACCEPT

REJECT

(ii) Signed: Dean/Director of School.....Date:

D. (i) Approval of Board of Postgraduate Studies:

ACCEPT

REJECT

(ii) Signed: Director BPSDate: