

**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. 0740 183 955**

**ACCOUNT DETAILS**

ACCOUNT NAME: **KOITALEEL SAMOEI UNIVERSITY COLLEGE**  
ACCOUNT BANK: **ABSA BANK LIMITED (BARCLAYS BANK) ELDORET BRANCH**  
ACCOUNT NUMBER: **2041283338**

**SECTION A (AS SHOWN IN THE BANK DEPOSIT SLIP)**

1. ACCOUNT NO. .... BRANCH .....
2. DEPOSIT DATE (DD/MON/YYYY)..... AMOUNT PAID .....
3. NARRATIVE ..... REF NO.....

**SECTION B**

1. ....  
(SURNAME) (OTHER NAMES)
2. DATE OF BIRTH: ..... COUNTRY OF BIRTH: .....
3. GENDER: M/F.... MARITAL STATUS MARRIED/SINGLE/OTHER
4. 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  
.....

- a) NAME OF NEXT OF KIN:.....  
RELATIONSHIP:.....  
ADDRESS:.....  
TEL..... EMAIL: .....
- b) CONTACT PERSON IN CASE OF EMERGENCY  
NAME(S): .....  
ADDRESS: .....  
TEL/FAX NO.: .....  
EMAIL: .....

<p><b><u>SECTION C</u></b></p> <p>UNIVERSITY EDUCATION AND QUALIFICATIONS OBTAINED (<b>ATTACH CERTIFIED COPIES OF DEGREE CERTIFICATES AND ACADEMIC TRANSCRIPTS</b>)</p> <p>A) FIRST DEGREE:  I) UNIVERSITY ATTENDED</p> <p>.....</p> <p>FROM ..... TO .....</p> <p>II) FIELD OF STUDY</p> <p>.....</p> <p>III) DEGREE AWARDED</p> <p>.....</p> <p>B) OTHER DEGREES AND DIPLOMAS (WHERE APPLICABLE)</p> <p>.....</p> <p>.....</p> <p>STATE QUALIFYING PRACTICAL EXPERIENCE RELATED TO THE PROGRAMME (IF APPLICABLE)</p> <p>.....</p> <p>.....</p> <p>HAVE YOU BEEN ADMITTED FOR A POSTGRADUATE PROGRAMME IN THIS UNIVERSITY OR ANY OTHER INSTITUTION BEFORE? (YES/NO)</p>	<p>NAME OF DEGREE/DIPLOMA/CERTIFICATE COURSE APPLIED FOR:</p> <p>.....</p> <p>a) FIELD OF STUDY/SPECIALIZATION:</p> <p>.....</p> <p>C) SCHOOL:</p> <p>.....</p> <p>d) DEPARTMENT:</p> <p>.....</p> <p>e) MODE OF STUDY (TICK APPROPRIATELY):</p> <p>I) FULL TIME  II) PART TIME  III) DISTANCE STUDIES  V) OCCASIONAL STUDENT</p> <p>f) STUDY CENTRE: MOSORIOT /NANDI HILLS</p> <p>.....</p>
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<p>IF YES, GIVE I) NAME OF INSTITUTION</p> <p>.....</p> <p>II) YEAR ATTENDED</p> <p>.....</p> <p>III) DEGREE/DIPLOMA/CERTIFICATE OBTAINED (TICK APPROPRIATELY):</p>	<p>INDICATE HOW YOU INTEND TO FINANCE YOUR STUDIES (SELF, SCHOLARSHIP, OTHER)</p> <p>.....</p> <p>NAME AND ADDRESS OF CURRENT EMPLOYER:</p> <p>.....</p>
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<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) APPROVAL OF BOARD OF POSTGRADUATE STUDIES:    
ACCEPT REJECT

(II) SIGNED: DIRECTOR BPGSC .....DATE: .....