



KENYA METHODIST UNIVERSITY

Application No:

Receipt No:

Application Fee: PhD : KSH. 5,000 Masters: KSH. 2,000

APPLICATION FOR ADMISSION TO POSTGRADUATE STUDIES

INSTRUCTIONS

- A. Give as detailed information as possible.
- B. Attach copies of Official transcripts and certificates. If they are not in English, send translated certified copies.
- C. Attach one recent passport size photograph to the application form.
- D. No Application will be processed without payment of the application fees.

Registrar Academic Affairs
Kenya Methodist University
P.O. Box 267 Meru, Kenya
TEL: 0164-30301/31171/31229/30367/31146/0724256162
Email: academic.registrar@kemu.ac.ke

SECTION A: Personal Particulars

- 1. Applicant’s Name
(As it appears on your KCSE/O’level, A/level or previous Academic documents)
- 2. Gender (Male/Female)
- 3. Date of birth County of birth
- 4. Marital status (Single/married/widowed)
- 5. Religion Denomination
- 6. Nationality If Kenyan, provide County:.....
- 7. National ID Card No. /Passport No(attach a copy).
- 8. Current Contacts:
P.O. Box:Town:.....Code:.....
TelE-mail
- 9. How do you plan to finance your studies: Self-financed Scholarship
If scholarship, please provide sponsor’s name:
Contacts: Postal: Telephone:.....
Email:

SECTION B: Programme Particulars

- 10. Indicate the name of the programme that you wish to be considered for:.....

Level of Programme	Tick
Postgraduate Certificate	
Postgraduate Diploma	
Masters	
Doctorate	

- 11. Indicate the campus/centre

Campus	Tick
Main (Meru)	
Nairobi	
Mombasa	
Meru Town Centre	

12. Preferred Mode of Study (Tick as appropriate)

Mode of Study	Tick
Part Time - Evening	
Part Time – Weekend	
Online & Distance Learning	
Full Time	

13. Expected Intake: Academic Year:..... Trimester 1 (January), 2 (May), 3 (September) – please tick one.

14. State briefly why you have chosen to carry out your postgraduate studies in the selected area.....

SECTION C: Education Background

15. Secondary and Post-Secondary Education details (Arrange in descending order).
 Attach copies of Certificates and Transcripts.

Institution Name	From	To	Examination	Qualifications Obtained

SECTION D: Employment /Work Experience

16. Give a brief history of your work experience.

Years	Name of Institution	Position Held	Description of Duties

SECTION E: Referees

17. At least one referee must have taught the applicant at University /College Level

- a. Name of Referee:.....
Designation:.....
Address:
Cell phone: Email:

- b. Name of Referee:.....
Designation:.....
Address:
Cell phone: Email:

- c. Name of Referee:.....
Designation:.....
Address:
Cell phone: Email:

SECTION F: Personal Statement

18. I certify that the information given on this form is correct to the best of my knowledge and belief.

Signature of the applicant:.....
Date:.....

SECTION G: For Official Use Only

19. Recommendation of the Department: Accepted Rejected Deferred to.....

Comments.....
.....

Chairman's/Postgraduate Coordinator's Signature.....Date:.....

20. Recommendations of the Board of Postgraduate Studies

- a. Received: Date.....
- b. Recommendation of the Board : Accepted Rejected
- c. Comments:

.....
.....

Dean's Signature: Date: