

KENYA METHODIST UNIVERSITY

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Application No.	PASSPORT SIZE
Application No:	PHOTOGRAPHS
	HERE
Receipt No:	

APPLICATION FOR ADMISSION TO POSTGRADUATE STUDIES

INSTRUCTIONS

- A. Give as detailed information as possible. You can attach extra pages for additional information.
- B. Attach copies and supporting documents as required. If they are not in English, send translated certified Copies.
- C. Attach six recent passport size photographs with the application form.
- D. No Application will be processed without payment of the application fees.

The director Board of Postgraduate Studies Kenya Methodist University P.o Box 267 Meru, Kenya

TEL: 0164-30301/31171/31229/30367/31146

Fax: 0164-30162: Email: research@kemu.ac.ke or registrar@kemu.ac.ke

ΔFFIX

SECTION A: Personal Particulars

1.	Applicant's Name (Surname)	
	Middle Name	First Name
2.	Gender (Male/Female)	
3.	Date and place of birth	
4.	Marital status (Single/married/widowed)	
5.	Religion 1	Denomination
6.	Nationality	
7.	National ID Card No. /Passport No	
	Contact Address	
	Tel Fax	E-mail
9.	Permanent /Home Address	
10.). How do you plan to finance your studies	
	Self financed	Scholarship
11.	. Give name and address of sponsor or source of	scholarship (where applicable)

SECTION B: Programme Particulars

12. State the	level of programme th	at you wish to be	e considered fo	or:	
Postgradu	ate Diploma	Master	rs	Doctorate	
13. Specific I	Programme Title				
Options:	i				
	ii				
	iii				
Major De	partment				· · · · · · · · · · · · · · · · · · ·
Faculty: .					· · · · · · · · · · · · · · · · · · ·
Centre: M	Iain Campus/Nairob	i Centre (Viewp	oark Towers)	(Tick as appr	opriate)
14. Preferred i.	Mode of Study (Tick Part Time	as appropriate)			
ii.	Full Time				
iii.	Distance Learning				
15. Expected	date of enrolment (mo	onth and year)			
	fly why you have cho				
selected a	rea			••••••	
•••••		•••••		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
•••••					
SECTION C	: Education Backgr	ound			
17. Secondar	y School Education. L	ist Certificate of	Secondary Sc	hool Education	on (Attach
copies of	Certificates and transc	cripts)			
i) Schools	Examining Body	Examinations	Year of	Qua	lifications
	e.g. KNEC	Taken	Examination	on Obt	ained

			•••••					
			•••••			••••		
	 Secondary/U	 University Edu	cation					
	•	es and Univers		nded				
	_	Years attend		field Stud	lv Quali	fications	Obtained	
_					•		·····	
						• • • • • • • •		
B. State	ward(s) rec	eived.						
Award			Date Awarded			Awarding Institution		
Award		Date	Awarded			Award	ing Institution	
						• • • • • • • • • • • • • • • • • • • •		
			Awarded				ing Institution	
SECTIO	N D: Emp	oloyment /Woi	rk Experi	ence (Atta	 ach a copy of	the Curri	culum Vitae)	
SECTIO 20. G	N D: Emp	story of working	r k Exper i g life. (Co	ience (Atta	ach a copy of separate she	the Curri	culum Vitae) er if necessary)	
SECTIO	N D: Emp	oloyment /Woi	r k Exper i g life. (Co	ence (Atta	ach a copy of separate she	the Curri	culum Vitae) er if necessary)	
SECTIO 20. G	N D: Emp	story of working	r k Exper i g life. (Co	ence (Attantinue on a	ach a copy of separate she	the Curri	culum Vitae) er if necessary)	
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SECTIO 20. G	N D: Emp	story of working	r k Exper i g life. (Co	ence (Attantinue on a	ach a copy of separate she	the Curri	culum Vitae) er if necessary)	
SECTIO 20. G Dates	ND: Emp ive a brief hi Name and	story of working	rk Experi	ence (Attantinue on a Position Held	separate she	the Curri	culum Vitae) er if necessary) uties	

a.

	Name of employer					
	Address					
b.	If no, what is your current occupation?					
c.	How long have you worked for the current employer or in your current					
С.	occupation?					
d.	Are your studies recommended and supported by your employer or is it a purely personal endeavor. Explain Briefly.					
	CTION E: Referees					
	At least one referee must have taught the applicant at University /College Level					
a	n. Name of Referee:					
	Designation: Address:					
t	o. Name of Referee:					
	Designation: Address:					
C						
	Designation: Address:					

SECTION F: Personal Statement 23. 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** 24. Recommendation of the Department. a. b. Recommendation of the Department: Accepted Rejected c. Comments..... 25. Recommendations of the Board of Postgraduate Studies Forwarded to the Board: Date..... a. Recommendation of the Board: Accepted b. Rejected c. Comments: Director's Signature: Date: