



KISII UNIVERSITY

AFFIX
CURRENT
PASSPORT
PHOTO HERE

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P.O. Box 408

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Kisii – Kenya.

Email: acregistrar@kisiiversity.ac.ke, admissions@kisiiversity.ac.ke

APPLICATION FORM FOR POST GRADUATE PROGRAMMES

NOTE:

- i) This form should be completed in **Duplicate** and returned to the **REGISTRAR ACADEMIC AFFAIRS, KISII UNIVERSITY, P.O. BOX 408 KISII.**
- ii) The form should be typed or completed in Block Letters.
- iii) Attach copies of your K.C.S.E. / K. C. E Certificate or Its Equivalent.
- iv) Attach all relevant Certified Copies of Academic, Professional Certificates and Transcripts
- v) Attach copy of National ID/Passport.
- vi) The applicant is required to fill Sections A, B and C.
- vii) Attach original receipt/ Bankers Pay-in-Slip/ Money Order/ Bankers Cheque for Kshs.2,000 Application Fee.

SECTION A: (PERSONAL DETAILS)

1. Name:
(Surname) (Other names in full)

2. Date of Birth Gender

3. ID/Passport No: 4. Marital Status

5. Religion Citizenship: E.mail.....

6. Current Contact Address..... Permanent Address:

Mobile /Cell: Alternative Contact Address/ Phone

7. Degree/Diploma sought:

Postgraduate Diploma

Masters

Ph.D

8. Degree/Diploma Programme (Specialization) applied for e.g. Msc. Chemistry:

.....

Department: Faculty:

Mode of Study: Full Time Part-Time School based

12. How are your studies to be financed (Mark X in the appropriate box):

Self Financed Sponsored Scholarship

Ensure you attach KSU1 in Duplicate

Name of Sponsor if any:

Address: Telephone:

Preferred Campus (Please tick (√) appropriately.)

Kisii Main Campus Nyamira Campus Ogembo Campus

Keroka Campus Kehancha/ Isebania Campus Other (Specify)

SECTION B (ACADEMIC QUALIFICATIONS)

13. Previous Education (Enclose Copies of Certificates and Transcripts):

DATES: FROM/TO:	Name & Address of Institution	Field Subjects Studied	Qualification Obtained
1TO:	(a) Secondary		
2 TO:			
3 TO:			
1 TO:	(b) Post Secondary/University		
2..... TO:			
3 TO:			

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14. Post Secondary/University Programmes attended but not completed.

DATES: From/To:	Programmes	Institution	Reasons for Not Completing
1 To:			
2 To:			
3 TO:			

15. Employment (Enclose Curriculum Vitae):

DATES: From/To:	Name & Address of Employer	Exact Description of Your Duties/Teaching Subjects
1 To:		
2 To:		
3To:		

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16. Academic Referees, one must have taught you at Post-Secondary/University Level.

(a) Name:

Designation:

Address: Telephone Number:

(b) Name:

Designation:

Address: Telephone Number:

(c) Name:

Designation of Referee:

Address: Telephone Number:

17. Applicant's Signature: Date:

SECTION C (FOR OFFICIAL USE ONLY)

18. Forwarded to the Department of: Date:.....

(a) Recommendation of the Department: Accepted Rejected

(b) Comments

Chairman's Signature: Date:

19. Recommendation of the Faculty Dean of: Date:.....

(a) Recommendation of the Faculty: Accepted Rejected

(b) Comments

Dean's Signature: Date:

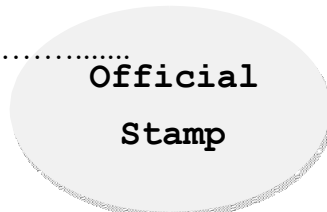
20. Recommendation of the Board of Postgraduate Studies (BPGS):

(a) Forwarded to the Board of Postgraduate Studies: Date:.....

(b) Recommendation of BPGS: Accepted Rejected

(c) Comments

RAA/Director's Signature: Date:



Ensure you attach KSU1 in Duplicate