



Kirinyaga University

POSTGRADUATE PROGRAMME APPLICATION FORM

PASSPORT SIZE
AFFIX 1
PHOTOGRAPH

1. Applicant Bio-Data

Applicant's Surname:..... Other Names.....

Gender (M/F)..... Date of Birth:Nationality.....

ID. No..... Address..... County.....

E-mail:..... Telephone No

Physically Impaired: Yes () No (). If yes, please give details:

How did you know about Kirinyaga University?e.g. T.V advert, Radio,etc

2. Course applied for:

Course Name: Intake.....e.g September 2017, May 2019

Mode of study: Full-time () Part-time ()

School..... Department.....

3. Education background

Indicate herein below University education and qualifications obtained

First Degree

University attended:

1.....

Dates attended:

Degree awarded:

.....

Indicate Classification e.g. First Class (Hons):

Date awarded:

University attended:

2.....

Dates attended:

Degree awarded:

.....

Indicate Classification e.g. First Class (Hons):

Date awarded:

Second Degree

University attended:

1.....

Dates attended:

Degree awarded:

Date awarded:

University attended:

2.....

Dates attended:

Degree awarded:

Date awarded:

NB: (Attach certified copies of the relevant certificates).

Additional qualifications (Colleges/Institutions/Certificates/ List of publications)

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Employment and Research experience (if any)

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Give names and current contacts of Academic Referees

i. Name: Organization.....
Physical Address:..... Telephone:.....
Email Address
.....

ii. Name: Organization.....
Physical Address:..... Telephone:.....
Email Address
.....

Give names and contacts of two persons who can be easily reached in case of an emergency

i. Name: Relationship:
Address:..... Telephone:.....

ii. Name: Relationship:
Address:..... Telephone:.....

Terms and Conditions

1. The application fee is non-refundable.
2. Course fees must be paid in advance at the time of registration.
3. There will be no refund for abandonment of classes.
4. Service fee charged on all returned/dishonoured cheques will be met by the applicant.
5. The University accepts no liability whatsoever for any injuries inflicted during the course of training.
6. The University does not accept any liability for loss or damage to any property brought or left on the premises by the student.
7. Students will be charged for any damages caused to equipment by their negligence.
8. Certificates will only be awarded after the fulfilment of all the particular course's requirements.

DECLARATION

I certify that the information/statements made by me on this form are true, to the best of my knowledge, correct and complete.

Signature:Date:

SPONSOR'S UNDERTAKING (If not self)

We/I, the undersigned, hereby confirm that the applicant will be sponsored by us for the listed courses.

Name of Sponsor _____ Authorized Signature _____

Date: _____

Application requirements

- 1) Application fee Ksh. 2,000 for applicants within East Africa Community (EAC) and USD 50 for applicants outside EAC. Deposit the application fee to;

Kenya Commercial Bank (KCB)	ACCOUNT NO: 1104016028
Cooperative Bank	ACCOUNT NO: 01129489200000
Equity Bank	ACCOUNT NO: 0100299420333

- 2) Copy of result slip/certificates/Transcripts
- 3) Copy of national ID/ Birth certificate
- 4) Passport photo (1)
- 5) Any other relevant document

Recommendation by the COD (Enter below ACCEPT or REJECT)

.....

Name of COD:

Signature:

Department:

Date:

Recommendation by the Faculty/School/Institute Postgraduate Studies Committee. (Enter below ACCEPT or REJECT)

Name of Dean of Faculty/ Director of School/Institute.....

Signature:

Faculty/School/Institute:

Date:

Recommendation by the Board of Postgraduate Studies

(Enter below ACCEPT or REJECT as may be applicable)

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Name of Director:

Signature:

Date:

All correspondence should be addressed to:

The Director, Board of Post Graduate Studies
Kirinyaga University
PO BOX 143-10300
Kerugoya