

KISII UNIVERSITY

Telephone: 058-30826/0720875082 P.O. Box 408 Fax 058-31140 **Kisii – Kenya.**

Email: <u>acregistrar@kisiiuniversity.ac.ke</u>, <u>admissions@kisiiuniversity.ac.ke</u>

AFFIX CURRENT PASSPORT PHOTO HERE

APPLICATION FORM FOR POST GRADUATE PROGRAMMES NOTE:

- This form should be completed in **Duplicate** and returned to the **REGISTRAR** ACADEMIC AFFAIRS, KISH UNIVERSITY, P.O. BOX 408 40200 KISH.
- 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 Payin-Slip/ Money Order/ Bankers Cheque for Kshs. 2,000 Application Fee.

SECTION A: (PERSONAL DETAILS)

1. Name:	(Surname)	(Other nan		
	(Surname)	(Other hun	ies in ruit)	
2. Date of Bir	th	Gender		
3. ID/Passpor	t No:	4. Marital Status	3	
5. Religion	Cit	tizenship:	E.mail	•••••
6. Current Cor	ntact Address	P	ermanent Address:	
Mobile /Cell:		Alternative Con	tact Address/ Phone	
7. Degree/Dip	loma sought:			
	duate Diploma	Masters	Ph.D.	
-		ialization) applied for e.	•	
		School:		

Ensure you attach KSU1 in Duplicate

Mode of Study. Full Till	rait-Time		
12. How are your studies	to be financed (Mark X in the	e appropriate box):	
Self Financed	Sponsored	Scholarship	
Name of Sponsor if any:			
Name of Sponsor II any.			
Address:	Teleph	one:	
SECTION D (A CADEN	AIC OILLI IEICATIONS)		
SECTION B (ACADEM	MIC QUALIFICATIONS)		
13. Previous Education (Enclose Copies of Certificates	s and Transcripts):	
DATES: FROM/TO:	Name & Address of	Field Subjects Studied	Qualification Obtained
DATES. FROM/10.	Institution	rieid Subjects Studied	Qualification Obtained
TO:	(a) Secondary		
2 TO:			
3 TO:			
TO:	(b) Post-Secondary/University		
2TO:			
3 TO:			
			· ·

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

1 To:					
2 To:					
3 TO:					
15. Employment (Enclose C	Curriculum Vitae):				
DATES: From/To:	Name & Address of Employer		Exact Description of Your Duties/Teaching Subjects		
1 To:					
2 To:					
2 10					
3To:					
16. Academic Referees, one	e must have taught von at I	Post-Seco	 	vel.	
(a) Name:					

Institution

Reasons for Not Completing

DATES: From/To:

Programmes

Designation:					
Address: Telephone Number:					
(b) Name:					
Designation:					
Address:Telephone Number:					
(c) Name:					
Designation of Referee:					
17. Applicant's Signature: Date:					
SECTION C (FOR OFFICIAL USE ONLY)					
18. Forwarded to the Department of:					
(a) Recommendation of the Department: Accepted Rejected					
(b) Comments					
Chairman's Signature: Date:					
19. Recommendation of the Dean School of:					
(a) Recommendation of the School: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:					
(b) Recommendation of BPGS: Accepted Rejected (c) Comments					
Official					
Stamp					
DA A / Director's Signature.					
RAA/Director's Signature: Date:					

Ensure you attach KSU1 in Duplicate