SEKU/ARI/BPS/F-03

SOUTH EASTERN KENYA UNIVERSITY
OFFICE OF THE ACADEMIC REGISTRAR

P.O. BOX 170-90200
KITUI, KENYA
Email: directorbps@seku.ac.ke

TEL: 020-4213859(KITUI)
website: www.seku.ac.ke

APPLICATION FORM FOR ADMISSION TO POSTGRADUATE PROGRAMMES

Academic Year…… **Admission No...** ……**Ref No:**……

Two copies of this form should be typed or completed in Block Letters and returned to the Director, Board of Postgraduate Studies(directorbps@seku.ac.ke). The form is available online (www.seku.ac.ke)

SECTION A: BIO DATA

Surname:……

Other names: …… ……

Date of Birth:……

Country of Birth:……

Citizenship:……

Religion:……

Gender: M/F……..

Marital Status:……

County:……

Constituency……:……..

ID card No……..

Place and Date of issue: ……..

Passport No:……..

Place of issue: ……..

Date of issue ……..

Date of Expiry:……

Applicants Mobile No. ……

Telephone……...

E-mail Address……..…

Postal Address ……

Next of Kin: ……..

Relationship……

Address for correspondence…….....

Cell-Phone:……...…… …….

Landline…….

E-mail Address:……..

Permanent Address (if different from above postal Address)……

Contact person in case of Emergency

Name (s) ……..

Postal Address……..

Telephone /Cell-Phone……

SECTION B: EDUCATION BACKGROUND

Name of Course applied for…….. Specialization…….....

Faculty/Institute/School:…….Department:……

Campus (Tick where you prefer to study from)

SEKU Main Campus ◯ Kitui Campus ◯ Mtito Andei Campus ◯

Migwani Campus ◯ ◯

Mode of Study (tick appropriately)

◯ Full Time ◯ Part Time ◯ Distance Learning

◯ Weekdays: 8.00 a.m. - 5.00 p.m. ◯ Evening: 5.30 p.m. - 8.30 p.m.

PLUS

◯ Saturdays: 9.00 a.m.-5.00 p.m.

Proposed Period of Study:

From:……To:……

Institution where Research is to be undertaken if not in this University……

Indicate how you intend to finance your studies…….

Name and address of current employer……..

SECTION C: UNIVERSITY EDUCATION AND QUALIFICATIONS

Please List University and Colleges Attended

Universities Attended	**From**	**To**	**Qualifications Obtained**

Please attach certified copies of certificates and Academic Transcript

State qualifying practical experience related to the program (if any) i.e. Employment and work profile

Since graduating from University…….

……..

……..

Have you been admitted for Postgraduate Program in this University or any other University? (Yes/No)

If yes, give the Name of the University……

Year Attended……..

Current Status……..

SECTION D: APPLICANT'S DECLARATION

I declare that the information contained herein is true and accurate to the best of my knowledge and fully understand that any information found to be false would lead to automatic disqualification.

Applicants Full Names…….ID/Passport No: ……..

Date:……Applicant's Signature……..

Give names and addresses of two academic Referees

Name: ……...Occupation……..

Postal Address:……Postal code……Town/City……Country……

Telephone …… E-mail……..

Name: ……Occupation……

Postal Address:……Postal code……Town/City……Country……

Telephone …… E-mail:…..……

NOTE:

- Attach a copy of your receipt as proof of having paid the non-refundable application fee (KShs.3, 000 for Kenyans and 50 US Dollars or its equivalent for Non-Kenyans)
- Students are advised to bring two recommendation forms from their academic referees. The Academic Reference Form can be downloaded from the www.seku.ac.ke
- The academic referee must be an Academician/Researcher from a Recognized Institution.
- For PhD applicants, Research Proposals should be submitted along with the Application Forms.

SECTION E: EVALUATION (OFFICIAL USE ONLY)

Forwarded to Department/Institute/School of……

Accept……. Date **Reject**……. Date

Recommendation of Department:

Reason(s) for rejecting application: ……..

……..

……..

University Mentor (s): (1). ……..

(2) ……

Chairman of Department:……Sign:……Date:……..

Forwarded to Faculty/Institute/School PSC **Accept.**…… Date **Reject**…… Date

Chairman, PSC: ……..Sign:……Date: ……..

Accept.…… Date: ……..**Reject**……Date……..

RECOMMENDATION OF FACULTY/INSTITUTE/SCHOOL:

Dean of Faculty/Director/Institute/School:……

Forwarded to Board of Postgraduate Studies: **Accept.**…… **Reject**……
Date Date

Name……..Signature……Date……

Approval by Director, Board of Postgraduate Studies (BPS)

Name: ……Signature: ……Date:……