

Affix one of your current Passport size photograph on each form

## UNIVERSITY OF NAIROBI BOARD OF POSTGRADUATE STUDIES

APPLICATION FORM FOR POSTGRADUATE ADMISSION

INTAKE YEAR	MONTH		REF NO
	nould be typed or completed in block 00100 NAIROBI, KENYA.	letters and r	returned to the Director, Board of Postgraduate
	vn in the bank deposit slip)	Branch	
2. Deposit Date (DD/MON/YYYY)		Amount F	Paid
3. Narrative			
4. Ref No			
	(Other means)		a) Name of next of kin:
(Surname)  2. Date of birth:	(Other names)Country of Birth:		Relationship:
3. Gender: M/F Marital Status: Married/Single/Othe		Other	Address:
4. Citizenship: 5. Religion:			Tel/Fax No.:
6. ID/Passport No			Email:
7. Address			b) Contact person in case of Emergency
			Name(s):
-	Country		Address:
8. Phone No. Email:			Tel/Fax No.:
9. Do you have any special needs? (Yes/No) Specify: Visual/Hearing/Physical/other			Email:
			Email:
SECTION C			a) Name of Degree/Diploma/Certificate
University education and qualifications obtained (Attach certified copies of degree certificates and academic transcripts)			Course Applied for:
a) First degree:			
i) University	attended		b) Field of Study/Specialization:
	Toudy		c) Faculty/Institute/School/Centre:
	varded		d) Department:
,	d diplomas (where applicable)		
			e) Mode of study (tick appropriately):
			i) Full time
c) State qualifying p applicable)	practical experience related to the progra	amme (1f	ii) Part time iii) Distance Studies
			iv) School Based
			v) Occasional Student
d) Have you been admitted for a postgraduate programme in this University or any other institution before? (Yes/No)			f) Study centre: Nairobi/Kisumu/Mombasa etc

If was give i) Name of Institution	a) Indicate how you intend to finance your
If yes, give i) Name of Institution	studies (Self, Scholarship, other)
ii) Year attended	
<ul><li>iii) Degree/Diploma/Certificate obtained (tick appropriately):</li></ul>	h) Name and Address of current Employer:
I certify that the information I have provided is correct.	Give names and addresses of two Academic Referees
Name of applicant:	a) Name:
Signature: Date:	Address:
	Email:
	b) Name:
	Address:
	Email:
Note: i) Attach original bank slip as proof of having paid the non- and 50 US dollars or its equivalent for Non-Kenyans, PhD a ii) For PhD by thesis applicants, research proposals should be	pplication fee is Kshs 4000 for all nationals)
SECTI	ION D
SECTI FOR OFFICA	
A. (i) Recommendation of Department:	
A. (1) Recommendation of Department.	A COCEDIT DE LECTE
	ACCEPT REJECT
(ii) Reason(s) for rejecting application:	
(iii) University Supervisor(s): (1)	
(2)	
(iv) Chairman of Department: Signature:	Date:
B. (i) Recommendation of Faculty/Institute/School (PSC)	ACCEPT REJECT
(ii) Signed: Chairman of Faculty/Institute/School (PSC)	
, , ,	Date:
C (i) Pagammandation of Faculty/Instituta/School	
C. (i) Recommendation of Faculty/Institute/School:	ACCEPT REJECT
(ii) Signed: Dean/Director of Faculty /Institute/School/C	entre
	Date:
D. (i) Approval of BPS:	
(-) TP (m) 01 D1 D1	
	ACCEPT PERCT
(ii) Signed: Director BPS	ACCEPT REJECT  Date: