

KARATINA UNIVERSITY

BOARD OF GRADUATE STUDIES

APPLICATION FOR GRADUATE STUDIES

Notes

- i) THREE copies of this form should be completed and returned to the
DEPUTY VICE CHANCELLOR (ACADEMIC, RESEARCH AND STUDENT AFFAIRS)
KARATINA UNIVERSITY
P.O Box 1957, 10101, KARATINA, KENYA
- ii) The form should be typed or completed in Block letters

SECTION A

1. Name
.....
(Surname) (Other Names in full)
2. Current Address
Contact Address -Box:.....Code:.....Town/City.....
Contact - Telephone No:.....Email Address:.....
Telephone No.....
3. Permanent Address (if different from the current address)
.....
.....
4. Date of Birth:.....
5. Gender:.....
6. Nationality:.....
7. National I.D./Pass Port No:.....
8. Marital Status:.....
9. Religion:.....

SECTION B

10. Secondary Schools attended and qualifications obtained:
.....
.....
.....
.....
11. University education or equivalent qualifications obtained (state the dates you attended university and the degrees you obtained including the classifications). You

should attach Certified Copies of Certificates and academic transcript showing the grades obtained in each course.

First degree

- i) University attended
- ii) Dates attended
- iii) Field of study.....
(e.g Bachelor of Science, Physics, Chemistry etc)
- iv) Degree awarded.....
(e.g, Bsc. Upper 2nd Class Honours)
- v) Date awarded.....

Second degree

- i) University attended
- ii) Dates attended
- iii) Field of study.....
(eg.Parasitology)
- iv) Degree awarded.....
(e.g, Master of Science in Zoology- Parasitology)
- v) Date awarded.....

(b) Additional qualifications (College/Institutions/Certificates)

.....
.....
.....

(c) Research experience (if any)

(list of publication, research reports, dissertation, thesis etc.) Attach separate sheet if necessary

.....
.....
.....

(d) Employment record

| Position | Place of Employment | Date of Employment (from - to) |
|----------|---------------------|--------------------------------|
|----------|---------------------|--------------------------------|

| | | |
|-------|-------|-------|
| | | |
| | | |
| | | |

SECTION C

12. The higher degree applied for

- i) Name of Degree.....
- ii) School
- iii) Department

- iv) Field of study/Specialization.....
-
- v) State whether full time or part time.....
- vii) Proposed date of commencement of study.....

13. Indicate how you intend to finance your studies.....

.....

Name two persons who are willing to act as referees on your behalf. They should be well placed to report on your potential as a graduate student in your chosen field of study and preferably should have been your lecturers in earlier degree courses. They should be requested to fill in the confidential report from at the end of this application from and forward it directly to the Deputy Vice Chancellor (Academic, Research and Student Affairs)

i. Name

Contact Address -Box:.....Code:.....Town/City.....

Contact - Telephone No:.....Email Address:.....

Telephone No.....

ii. Name

Contact Address -Box:.....Code:.....Town/City.....

Contact - Telephone No:.....Email Address:.....

Telephone No.....

14. Recommendation of supervisors

i. First Supervisor

.....

.....

Name :.....

Contact Address -Box:.....Code:.....Town/City.....

Contact - Telephone No:.....Email Address:.....

Telephone No.....

ii. Second Supervisor

.....

.....

Name :.....

Contact Address -Box:.....Code:.....Town/City.....

Contact - Telephone No:.....Email Address:.....

Telephone No.....

iii. Third Supervisor (Where necessary).....

 Name :.....
 Contact Address -Box:.....Code:.....Town/City.....
 Contact - Telephone No:.....Email Address:.....
 Telephone No.....

Signed by the applicant.....
 Date.....

SECTION D
FOR OFFICIAL USE

15. Recommendation by the Department Graduate Committee (Enter below
 ACCEPT or REJECT as may be applicable).....
 If rejected give reasons

 Name of Chairman:.....
 Signature:.....
 Department of :.....

16. Recommendation by the Faculty/School/Institute of Graduate Studies
 Committee(Enter below ACCEPT or REJECT as may be applicable).....

 If rejected give reasons

 Name of Dean of Faculty/Director of School/Institute:.....
 Signature:.....
 Faculty/School/Institute:.....
 Date:.....

17. Recommendation by the Board of Graduate Studies (Enter below ACCEPT or
 REJECT as may be applicable).....

 If rejected give reasons

 Name of the
 Director:.....
 Signature:.....
 Date:.....