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JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY

BOARD OF POSTGRADUATE STUDIES

APPLICATION FORM FOR REGISTRATION FOR POSTGRADUATE STUDIES

NOTES:

- (i) **Two (2) copies of this form for PhD, MSc and PGD Postgraduate Diploma Courses should be completed and returned to the relevant Campus/ Center or to the *Director, Board of Postgraduate Studies, Jomo Kenyatta University of Agriculture and Technology, P.O. Box 62000, 00200 NAIROBI***
- (ii) **This form should be typed or completed in BLOCK LETTERS**

SECTION A: PERSONAL DETAILS

1. Name: (Mr., Mrs., Miss., Ms.).....
 (Surname)

 (First Name) (Other Names)
2. Gender.....
3. Employer.....
4. Address.....

5. Telephone No.....Mobile No.....
 Email.....
6. Date of Birth.....
7. Nationality.....
8. Identity Card No/ Passport No
9. Religion.....

SECTION B: ACADEMIC QUALIFICATIONS

10. University education and qualifications obtained (*state the dates you attended the University/ Institution, the qualifications obtained, including classification e.g. First or Upper Second Class Honours*). You should attach copies of the degree certificates and academic transcript showing the grades obtained in each course.

- (a) First Degree
 - (i) University attended
 - (ii) Dates attended.....
 - (iii) Field of Study.....
 - (iv) Degree awarded
 - (v) Date awarded.....

- (b) Second Degree (where applicable)
 - (i) University attended
 - (ii) Dates attended.....
 - (iii) Field of Study.....
 - (iv) Degree awarded
 - (v) Date awarded.....

(c) Additional qualifications (Colleges/ Institutions/ Certificates/ List of publications)
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11. Employment and Research experience (if any)
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SECTION C: COURSE DETAILS

12. The postgraduate course applied for:
- (a) Name of degree
 - (b) Specialization/Field of Study.....
 - (c) Full-time / part-time (Select as appropriate)
 - (d) Method of study: (choose one by deleting appropriately below)
 - (i) By coursework, examination & project
 - (ii) By coursework, examination & thesis
 - (iii) By research and thesis only
 - (e) Department
 - (f) Faculty.....
 - (g) Proposed date of commencement of study
 - (h) Expected date of completion

13. Signature of Applicant.....
Date.....

SECTION D: FOR PHD STUDENTS ON RESEARCH AND THESIS ONLY

14. Recommendation by supervisors:

(i) First supervisor

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Name.....

Signature.....

Date.....

ii) Second supervisor.....

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Name

Signature

Date

ii) Third supervisor (Where necessary).....

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Name

Signature

Date

SECTION D: UNIVERSITY OFFICIALS ONLY

15. Recommendation by the Department Postgraduate Committee. (Enter below *ACCEPT* or *REJECT* as may be applicable).....

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Name of Chairman:

Signature:.....

Department of:.....

Date

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

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

Signature:

Faculty / School / Institute.....

Date

17. 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