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# JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY

## BOARD OF POSTGRADUATE STUDIES

### APPLICATION FORM FOR REGISTRATION FOR POSTGRADUATE STUDIES

**NOTES:**

- (i) **Three (3) 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 .....