AFFIX

PHOTOGRAPH
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JOMO KENYATTA UNIVERSITY

OF

AGRICULTURE AND TECHNOLOGY

GRADUATE SCHOOL

APPLICATION FORM FOR ADMISSION FOR POSTGRADUATE STUDIES

NOTES:

(i) **Three (3) copies of this form for PhD, MSc and PGD (Postgraduate Diploma) Courses shouldbe completed and returned to the relevant Campus/ Center or to the *School, 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.....……..

10 Next of Kin: Name Tel. Contact

Relationship

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) School……

(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 ……
……
……
Name……
Signature……
Date....…….....

ii) Second supervisor……..
……
……
Name ....……..
Signature ……
Date .....……

ii) Third supervisor (Where necessary).……
……
……
Name ....…….
Signature ……
Date .....…….

SECTION D: UNIVERSITY OFFICIALS ONLY

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

Name of Chairman: ……
Signature:…….....
Department of:.....……...
Date .....……

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

……..
……
Name of Dean of school / Director of Institute: ……..……..
Signature: ……..
School / Institute.....…….…….
Date .....……..

Recommendation by the Graduate School (Enter below ACCEPT or REJECT as may be applicable)
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……
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……
Name of Director: …….
Signature: .....……..
Date .....…….