



Affix  
 passport  
 size photo

**OFFICE OF THE DIRECTOR GRADUATE SCHOOL  
APPLICATION FORM FOR ADMISSION INTO POSTGRADUATE STUDIES (PHD)**

**INSTRUCTIONS FOR PRINTING: TO ENSURE THAT THE WHOLE PAGE IS PRINTED SET THE PRINTER PAGE SETTING TO SIZE A4**

**NOTES:**

- (i) This form should be typed or completed in **BLOCK LETTERS** and returned to:  
**The Director, Graduate School Laikipia University, P.O. Box 1100 – 20300, NYAHURURU**
- (ii) This form must be accompanied with a proposal in the area of intended study
- (iii) Please enclose CV
- (iv) Attach certified copies of your Result Slip, Certificate, Transcripts and a copy of your **National ID Card**
- (v) Attach **ORIGINAL** receipt for **Kshs. 2000** application fee.
- (vi) Attach two passport size photos.

**Payments may be made by bankers' cheque payable to Laikipia University or banked in any of the following banks:**

- Co-operative Bank of Kenya: Account Name: Laikipia University  
**Account Number: 01129501778000**
- Kenya Commercial Bank: Account Name: Laikipia University  
**Account Number: 1101909080**
- Equity Bank: Account Name: Laikipia University  
**Account Number: 0160295840456**

**SECTION A: (PERSONAL DETAILS)**

1. Name: .....  
 (Last/ Surname) (Other names in full)

2. National ID. No. / Passport No.: .....

3. Current/ Postal Address.....  
 Telephone:.....e-mail.....

4. Home Address (if different from 3 above): .....

5. Date of Birth: ..... 6. Place of Birth.....

7. Country of Citizenship:..... 8. Sex.....

9. Marital Status:..... 10. Religion:.....

**Next of kin:**.....Telephone:.....

11. Area of specialization/ Major  
**Programme (Specialization) applied for e.g. MBA, Med:** .....

Department:.....Faculty:.....Institute:.....School:.....

Mode of Study: Full time  Part time

12. How are your studies to be financed? (Mark X in the appropriate box):

Self-financed

Scholarship

Name of Sponsor:.....email.....

Address:.....Telephone:.....

**SECTION B: (EDUCATION AND WORK EXPERIENCE)**

13. Previous Education (Enclose certified copies of certificates and Transcripts):

Dates From/To	Name & Address of Institution	Field/Subjects Studied	Qualifications Obtained
1.....to.....	<b>(a) Secondary</b>		
1.....to.....	<b>(b) Post-Secondary/University</b>		
2.....to.....			
3.....to.....			

14. Employment (Enclose Curriculum Vitae):

Dates From/To	Name & Address of Employer.	Exact description of your duties/Teaching subjects:
1.....to.....		
2.....to.....		

*Vision: A University for valued transformation of society.*

*Mission: To serve the students and society through research, education, scholarship, training, outreach and consultancy.*



15. Indicate which campus you intend to pursue your studies (Laikipia, Nyahururu, Nairobi, Naivasha, Maralal)

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16. Academic referees, one must have taught you at Post-Secondary/University Level.

(a) Name.....

Designation.....

Address.....

Telephone number..... E-mail.....

(b) Name.....

Designation.....

Address.....

Telephone number..... E-mail.....

(c) Name.....

Designation.....

Address.....

Telephone number..... E-mail.....

**Applicant's Signature**..... **Date**.....

**SECTION C (FOR OFFICIAL USE ONLY)**

17. Recommendation from the department:

(a) Forwarded to the department of ..... Date.....

(b) Recommendation of the department: Accepted  Rejected

(c) Comments:.....

.....

Chairman's/Chairperson's Signature:..... Date:.....

18. Recommendation of the Faculty:

(a) Forwarded to the Dean of Faculty of ..... Date.....

(b) Recommendation of the Faculty: Accepted  Rejected

(c) Comments:.....

.....

Dean's Signature:..... Date:.....

19. Recommendation of Board of Post graduate Studies (BPGS):

(a) Forwarded to the Board of Post graduate Studies: Date.....

(b) Recommendation of the BPGS: Accepted  Rejected

(c) Comments:.....

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Director's Signature:..... Date:.....