

LAIKIPIA



UNIVERSITY

P.O. Box 1100-20300,  
NYAHURURU,  
KENYA

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Affix passport size photo

**OFFICE OF THE DIRECTOR GRADUATE SCHOOL**

**APPLICATION FORM FOR ADMISSION INTO POSTGRADUATE STUDIES (MASTERS)**

**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) Attach certified copies of your Result Slip, Certificate, Transcripts and a copy of your **National ID Card**
- (iii) Attach **ORIGINAL** receipt for **Kshs. 2000** application fee.
- (iv) 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  Open and Distance Learning



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.....			



14. Post-Secondary/University programme(s) attended but not completed:

Dates	Programmes	Institution	Reasons for not completing
1.....to.....			
2.....to.....			
3.....to.....			

15. Employment (Enclose Curriculum Vitae):

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

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



17. 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)**

18. 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:.....

19. 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:.....

20. 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:.....  
.....

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

