

LAIKIPIA

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



UNIVERSITY

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www.laikipia.ac.ke

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

*Vision: A University for valued transformation of society.
 Mission: To serve the students and society through research, education, scholarship, training, outreach and consultancy.*



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.....	(a) Secondary		
1.....to.....	(b) Post-Secondary/University		
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.

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

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:.....
.....
.....

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

