FORM N0. BPGS 1A

# EGERTON UNIVERSITY

Tel: Pilot: 254-51-2217620
Others: 254-51-2217877
254-51-2217631
Dr-Line/Fax: 254-51-2217847
Cellphone: 254-727-014034

AFFIX YOUR RECENT PASSPORT SIZE PHOTOGRAPH ON EACH FORM

## BOARD OF POST GRADUATE STUDIES
## APPLICATION FOR ADMISSION INTO POSTGRADUATE STUDIES

**Notes: (1) Complete this form in duplicate and return to the Director (Board of Post Graduate Studies), Egerton University, P.O. BOX 536-20115, EGERTON, NJORO, KENYA.**

**(2) Type or print in block letters.**

## APPLICATION FOR MASTERS DEGREE (M.Sc.,/M.A.,/M.Ed.,)

### SECTION A: (PERSONAL DETAILS)

1. Name: .....
   (Last/Surname) (Other names in full)
2. National ID No:.....or Passport No:.....
3. Current/Postal Address: .....
   .....
   Telephone: .....email .....
4. Home Address (if different from 3 above):.....
   .....
   Telephone: .....
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. M.Sc., Chemistry**:.....
    .....
    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(ACADEMIC QUALIFICATIONS)

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** | | |
| 2.....to..... | | | |
| 3.....to..... | | | |
| 1.....to..... | **(b) Post Secondary/University** | | |
| 2.....to..... | | | |
| 3.....to..... | | | |

FORM N0. BPGS 1C

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P.O. Box 536 - 20115
EGERTON, NJORO, KENYA

DIRECTOR
Board of Postgraduate Studies

Ref:..... Date:.....

## REFEREE'S CONFIDENTIAL REPORT

**SECTION A: (To be completed by the candidate).**

1. NAME OF CANDIDATE (Surname first and other names in full):

   .....

   MAIDEN NAME IF APPLICABLE:

   .....

2. DEGREE APPLIED FOR:.....

3. DEPARTMENT/FACULTY/INSTITUTE/SCHOOL TO WHICH THE APPLICATION IS BEING MADE: .....

4. FIELD OF STUDY:.....

   .....

**SECTION B: (To be completed by the Referee)**

5. FOR HOW LONG AND IN WHAT CAPACITY HAVE YOU KNOWN THE CANDIDATE?

   .....

FORM N0. BPGS 1C

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Ref:..... Date:.....

## REFEREE'S CONFIDENTIAL REPORT

**SECTION A: (To be completed by the candidate).**

1. NAME OF CANDIDATE (Surname first and other names in full):

   .....

   MAIDEN NAME IF APPLICABLE:

   .....

2. DEGREE APPLIED FOR:.....

3. DEPARTMENT/FACULTY/INSTITUTE/SCHOOL TO WHICH THE APPLICATION IS BEING MADE: .....

4. FIELD OF STUDY:.....

   .....

**SECTION B: (To be completed by the Referee)**

5. FOR HOW LONG AND IN WHAT CAPACITY HAVE YOU KNOWN THE CANDIDATE?

   .....

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

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

15. Employment (Enclose Curriculum Vitae):

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

16. Academic referees, one must have taught you at PostSecondary/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.....

17. 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:.....