AFFIX
PASSPORT
SIZE
PHOTO



SCHOOL OF GRADUATE STUDIES

APPLICATION FOR GRADUATE STUDIES

REQUIREMENTS

- NB: THREE copies of this form should be completed and returned to the Dean, School of Graduate Studies, Rongo University, P.O. Box 103-40404, RONGO, Tel. 0771349741
- (i) The form should be typed or completed in block letters.

 Attach original application receipt. Application Fee (*Kshs. 2,000*)
- (ii) Attach a Passport size photo on each form
- (iii) Send duly filled referee forms (2) direct to the Dean, School of Graduate Studies
- (iv) Attach photocopies of both Academic and professional certificates and transcripts on each duly completed form.

SECTION A: PERSONAL DETAILS		
1.	Name	Other names in full)
2.	2. Current Address	
3.	3. Permanent Address (if different from the current a	address)
	H. Tel/Mobile NoE- mail of S. Date of BirthGen	Applicant
6.	5. Citizenship II	D/Passport No
7.	7. Marital Status	

SECTION B: QUALIFICATION AND EXPERIENCE

8. University (ies) attended and the degrees you obtained including classification.

(a)	First degree					
	(i)	University attended				
	(ii)	Dates attended				
	(iii)	Field of Study				
		(e.g. Histor	y, Kiswahili, Commerce)			
	(iv)		pper 2 nd Class Honours)			
	(v) Date awarded					
(b)		Second degree:				
	(i)	University attended				
	(ii)	Dates attended				
	(iii)	Field of Study				
		(e.g. Histor	y, Kiswahili, Business Studies	, IT, Communication)		
	(iv) De	egree awarded				
	• • • • • • • • • • • • • • • • • • • •					
	(v) Do	(e.g. M.Sc., M.Ed., MBM,)				
	(v) Da	te awarded				
(c)	Other	Other degrees/Diploma (where				
, ,		-				
		••••				
(d)	Resear	Research experience (if any)				
		(List of publications, research reports, dissertation, theses etc)				
	Attach separate sheet if necessary					
	·					
		•••••	•••••	•••••		
(e)	Emplo	yment record:				
	Positi	on	Place of employment	Date of employment (From-To)		

	Indicate competency in other languages other than English		
		CECTION C. OTHER RETAIN C	
		SECTION C: OTHER DETAILS	
9.	The high (i) (ii) (iii) (iv) (v) (vi)	ner degree applied for: Name of degree	
		Full Time	
		Weekend	
		ODeL	
	(vii)	Place of Study - Tick as appropriate Main Campus	
		Rongo Town	
		Other (Specify)	
	(viii) (ix) (x)	Proposed date (Month) of commencement of study	
10	Indiant	have you intend to finance your studies	
10.		e how you intend to finance your studies	
11.	Give na	mes and addresses of two academic referees Name	
		EmailTel	
	(ii)	Name	
	()	A 11	

		EmailTel
Signed	by the	applicant Date:
(a)	RECO	SECTION D: OFFICIAL TO BE COMPLETED BY THE UNIVERSITY OMMENDEATION OF THE HEAD OF DEPARTMENT
	(i)	(Enter below ADMIT or DO NOT ADMIT as may be applicable)
	(ii)	Give reason(s) for NOT ADMITTING
	(iii)	Recommended Course option(s) where the applicant is admissible
	(iv)	Proposed University supervisor(s)
	(v)	Other supervisor(s)
Signed	by He	ad of Department
b) <u>Rl</u>	ECOM	MENDATION OF THE DEAN OF THE SCHOOL
	(i)	(Enter below ADMIT or DO NOT ADMIT as may be applicable)
	(ii) 	Reason(s) for NOT ADMITTING
Signed	by the	Dean Date and Official Stamp

c)	RECOMMENDATION OF THE BOARD OF THE SCHOOL OF GRADUATE		
	STUDIES		
	(i)	(Enter below ADMITTED or I	NOT ADMITTED as may be applicable)
	(ii)	Reason(s) for NOT ADMITTI	NG
	 (iii)	Admitted with effect from	
Sig			Date and Official Stamp