



KENYA METHODIST UNIVERSITY

Main Campus, Meru; P.O BOX 267 - 60200 , Meru —Kenya, Tel: 254-064-31206, 0724256162, 0734310655
 Nairobi Campus: P.O BOX 45240 - 00100, GPO, Nairobi . Tel: 254-020-248172, 0725751878, 0735701311
 Mombasa Campus: P.O. BOX 89983—80100 , Mombasa . Tel: 0748414998, 0743084019

APPLICATION FOR ADMISSION TO POSTGRADUATE STUDIES

INSTRUCTIONS

1. Read each item carefully and fill in capital letters.
2. Attach copies of certificates and official transcripts.
If they are not in English, send translated certified copies.
3. Attach one recent passport size photograph to the application form and a copy of National ID/Passport
4. No Application will be processed without payment of the application fees.

Application No:

Receipt No:

Application Fee:

PhD : **KSh. 5,000**

Masters: **KSh. 2,000**

Postgraduate Diploma: **Ksh. 2000**

SECTION A: Personal Data

1. Applicant's Name
(As it appears on your KCSE/O'level, A/level or previous Academic documents)
2. Gender (Male/Female)
3. Date of birth County of birth
4. Marital status (Single/married/widowed)
5. Religion Denomination
6. Nationality If Kenyan, provide County:.....
7. National ID Card No. /Passport No(attach a copy).
8. Current Contacts:
P.O. Box:Town:.....Code:.....
TelE-mail

9. How do you plan to finance your studies: Self-financed Scholarship

If scholarship, please provide sponsor's name:

Contacts: Postal: Telephone:.....

Email:

10. Next of Kin details

Name: Relationship

P.O. Box Town/CityCode

Phone.....Email:

SECTION B: Programme Particulars

11. Indicate the name of the programme that you wish to be considered for

Option 1:.....

Option 2:.....

Level of Programme	Tick
Postgraduate Certificate	
Postgraduate Diploma	
Masters	
Doctorate	

12. Indicate the campus/centre

Campus	Tick
Main (Meru)	
Nairobi	
Mombasa	
Meru Town Centre	

13. Preferred Mode of Study (Tick as appropriate)

Mode of Study	Tick
Part Time - Evening	
Part Time – Weekend	
Online & Distance Learning	
Full Time	

14. Expected Intake: Academic Year:..... Trimester 1 (Jan) 2 (May) 3 (Sep)
15. State briefly why you are interested in carrying out your postgraduate studies in your preferred discipline.....

SECTION C: Education Background

16. Secondary and Post-Secondary Education details (Arrange in descending order).
 Attach copies of Certificates and Transcripts.

Institution Name	From	To	Examination	Qualifications Obtained

SECTION D: Employment /Work Experience

17. Give a brief history of your work experience.

Years	Name of Institution	Position Held	Description of Duties

SECTION E: Referees

17. At least one referee must have taught the applicant at University /College Level

- a. Name of Referee:.....
 Designation:.....
 Address:Cell phone:
 Email:

b. Name of Referee:.....
Designation:.....
Address:
Cell phone: Email:

c. Name of Referee:.....
Designation:.....
Address:
Cell phone: Email:

SECTION F: Personal Statement

18. I certify that the information given on this form is correct to the best of my knowledge and belief.

Signature of the applicant:.....

Date:.....

SECTION G: For Official Use Only

19. Recommendation of the Department: Accepted Rejected Deferred to.....

Comments.....
.....

Chairman's/Postgraduate Coordinator's Signature.....Date:.....

20. Recommendations of the Board of Postgraduate Studies

a. Received: Date.....
b. Recommendation of the Board : Accepted Rejected
c. Comments:

Dean's Signature: Date:

When you complete this application form send to:
The Registrar (Academic Affairs)
Kenya Methodist University
Main Campus, P.O. Box 267 - 60200 Meru
Or Nairobi Campus, P.O. Box 45240—00100 Nairobi
Or Mombasa Campus, P.O. Box 89983-80100 Mombasa

OR

Scanned Copies of this application to be sent to:
admission.office@kemu.ac.ke or info@kemu.ac.ke