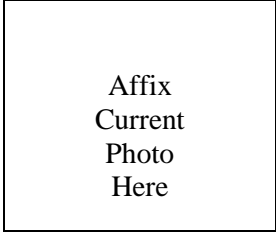


**CHUKA**



**UNIVERSITY**

P.O. Box 109 Chuka  
Telephones: 020 2310512  
020 2310518  
Fax line: 020 2310302



**BOARD OF POSTGRADUATE STUDIES & RESEARCH**  
**APPLICATION FOR ADMISSION INTO POSTGRADUATE STUDIES**

**Notes:**

1. Complete this form in duplicate and return to the Director (Board of Post Graduate Studies) Chuka University P.O Box 109 CHUKA, TYPE/PRINT in Block letters.
2. Original receipt from the University indicating payment for the application fees (Kshs.2000).Account No KCB 1103755439/Co-op 011 29058189900 (Chuka Branch).
3. Two sets of certified copies of all academic certificates and transcripts.
4. Two copies of the national ID card. Two copies of the applicant's curriculum vitae (CV).
5. Two current copies coloured passport size photographs, to be affixed on the box provided up.
6. Two loosely bound copies of proposal or concept paper (for **Ph.D Applicants only**)

**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. Date of Birth:..... 5. Place of Birth: .....

7. Country of Citizenship..... 8. Sex.....

8. Marital Status:..... 10. Religion.....

Next of Kin:..... Telephone.....

11. Programme applied for (E.g M.ED Management, PGDE, Ph.D) .....

.....

Department:..... Faculty .....

Mode of study (Tick): Full Time  School Based

12. How are your studies to be financed? (Tick as appropriate in  the box):

Self Financed  Scholarship

Name of Sponsor.....Email.....

Address:.....Telephone:.....

13. Your preferred campus (Tick as appropriate in the box):

**Chuka Campus**  **Igembe Campus**  **Embu Campus**

## SECTION B (ACADEMIC QUALIFICATIONS)

14. 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.....			

15. Post-Secondary/University Programme(s) attended but not completed:

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

16. Employment (Enclose Curriculum Vitae):

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

17. Academic referees, preferably 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.....

18. Applicant's Signature:..... Date.....

**SECTION C (FOR OFFICIAL USE ONLY)**

19. Recommendation from the Department:

a) Forwarded to the Department of .....Date.....  
b) Recommendation of the Department: Accepted  Rejected   
c) Comments:.....  
.....  
HOD's Signature..... Date .....

20. Recommendation from the Faculty:

a) Forwarded to the Faculty .....Date.....  
b) Recommendation of the Department: Accepted  Rejected   
c) Comments:.....  
.....  
Dean's Signature: .....Date.....

21. Recommendation of Board of Post graduate Studies (BPGS):

a) Forwarded to the Board of Post graduate Studies (BPGS): Date:.....  
b) Recommendation of the BPGS: Accepted  Rejected   
c) Comments:.....  
.....  
Director's Signature..... Date .....

**CHUKA**



**UNIVERSITY**

Telephones: 020 2310512  
020 2310518  
Fax line: 020 2310302

P.O. Box 109 Chuka

**OFFICE OF THE DIRECTOR**  
**APPLICATION FOR ADMISSION INTO POSTGRADUATE STUDIES**

---

**REFEREE'S CONFIDENTIAL REPORT**

(NB: This form must be fully filled by three referees, each in different sheet)

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

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

.....

MAIDEN NAME IF APPLICABLE:

.....

2. DEGREE APPLIED FOR.....

3. DEPARTMENT/FACULTY IN 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?.....

6. PLEASE RATE THE CANDIDATE ON THE CHARACTERISTICS LISTED BELOW

	<b>EXCEL LENT</b>	<b>VERY GOOD</b>	<b>GOOD</b>	<b>AVERAGE</b>	<b>BELOW AVERAGE</b>	<b>UNABLE TO ASSESS</b>
Intellectual capacity						
Capacity for persistence and independent study						
Ability for initiative and imaginative thought						
Promise of productive scholarship						
Quality and quality of previous work						
Oral and written expression in English						

7. ON THE FOLLOWING SCALE, PLEASE RANK THE CANDIDATE AMONG THE STUDENTS YOU HAVE KNOWN

Top 10%

Top 25%

Top Average

Below Average

8. COMMENT FREELY ON THE CANDIDATE: (Use additional sheet if necessary)

.....  
 .....  
 .....

9. NAME OF REFEREE (in block capitals):

.....

OFFICIAL STATUS:..... INSTITUTION.....

ADDRESS.....

TELEPHONE..... EMAIL.....

**NB:** The referee should return the completed form directly to:  
 The Director  
 Board of Postgraduate Studies  
 Chuka University College  
 P.O Box 109  
 Chuka