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## MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY (MMUST)

### **APPLICATION FOR GRADUATE STUDIES**

#### Note:

- i. Three copies of this form should be completed and returned to: The **DEAN**, SCHOOL OF GRADUATE STUDIES (SGS), P.O. BOX 190, 50100 KAKAMEGA, KENYA.\*
- **ii.** The form should be typed or completed in block letters

#### **SECTION A**

1.		(First Name)	(Other Names)	
2.	Current Address			
	Province			
	District			
	Location			
	Sub-location			
	Telephone No (s)	Em	ail:	
3.	`		dress)	
4.	Date of Birth		Male/Female	
5.	Citizenship		ID/PP NO:	
6.	Marital Status			
7.	Name and Address of nex	xt of kin (state relationship	)	•••••

* Your application must be accompanied with a processing fee of Kshs.2,000 (Kenya Graduate Diploma Candidates), Kshs.2000 (Kenya Masters Candidate), Kshs.2000 (Kenya Doctoral Candidate) or US\$ 50 (foreign students). Bankers Cheque for the applications are payable to Masinde Muliro University of Science and Technology (MMUST).		
SECTION 8. Institu		3 attended and qualifications attained
(	degr and a	versity education and equivalent qualifications obtained (state the dates you attended and the ees you obtained including the classifications). You should attach copies of certificates academic transcripts showing the grades obtained in each course. First degree
	u)	i. University attended
		ii. Dates attended
		iii. Field of Study
		iv. Degree awarded
		(e.g. B.Sc., Upper 2 <sup>nd</sup> class Honors)
		v. Date awarded
	b)	Other degree/diploma (where applicable)
	0)	
	c)	Research experience (if any) (List of publication, research reports, dissertation, thesis etc) Attach separate sheet if necessary
	d)	Employment record
Position		Place of employment Date of employment

SE	CTION C	
10.	Graduate	Degree/Programme applied for
	i.	Name of Degree.
	ii.	Department/School/Centre/Institute.
	iii.	Field of Study
	iv.	State whether full time or part time.
	v.	Name of Supervisor.
	vi.	Date of beginning studies.
	vii.	Expected date of completion.
	viii.	Institution where studies is to be done if not at the
		university/KIPPRO/WEBUYE/BUNGOMA/KAIMOSI/NAMBALE
10		1 - 11
12.	Name and	d addresses of THREE academic referees*:
	(i)	
	(ii)	
	iii)	

Academic referees should be people who are familiar with the candidates' work and have records of the same.

<sup>\*</sup>Applicants must ensure that referees send their recommendation on time to respective Deans/Directors for the applications to be considered.

# SECTION D TO BE COMPLETED BY THE UNIVERSITY

A.	RECOMMENDATION OF THE DEPARTMENTAL GRADUATE STUDIES COMMITTEE (Enter below <b>ACCEPT</b> or <b>REJECT</b> as may be applicable)
	<ul><li>i. University supervisor</li><li>ii. Other supervisors</li></ul>
	Signed by:
	(Chairman, Departmental Graduate Studies Committee (DGSC))
	Date
B.	RECOMMENDATION OF THE FACULTY GRADUATE STUDIES COMMITTEE (FGSC). Enter below <b>ACCEPT</b> or <b>REJECT</b> as may be applicable.
	Signed.
	(Chairman FACULTY GRADUATE STUDIES COMMITTEE)
	Date
C.	RECOMMENDATION OF THE BOARD OF THE SCHOOL OF GRADUATE STUDIES, (SGS) Enter below <b>ACCEPTED</b> or <b>REJECTED</b> as may be applicable.
	Registered with effect from.
	Signed
	(Dean, School of Graduate Studies)
	Date
OFFI	CIAL STAMP AND DATE