

**APPLICANT CALL FOR MMUST STUDENTS MOBILITY AND EXCHANGE PROGRAM
TO UNIVERSITY OF TURIN, ITALY**

ACADEMIC REQUIREMENTS

1. Graduate (Masters and Doctoral) who have undergone course work/ in the final year of coursework/ undertaking research work in the following specialization : Early Childhood Education: Guidance and Counselling , Educational Psychology Or Special needs Education
2. The most recent transcripts of the course .Those with credit above scores for will be considered
3. A cover Letter to the Shortlisting Committee
4. A two page Curriculum Vitae outlining full name, contact details, work history and experience, education and special skills, achievements and personal statement
5. One-page motivation statement explaining their interest in the program and reasons for their candidacy to the program.
6. Two letters of recommendation from academic mentors

For further details please contact the under signed

Dr Rose Atieno Opiyo, PhD
Senior Lecturer/ Coordinator , Office of the Strategic & Institutional Planning
Room ABA 409
Tel +254720926862
Email ropiyo@mmust.ac.ke

Copy to
Dr Catherine Aura
Senior Lecturer, Science and Mathematics Department
caura@mmust.ac.ke

STUDENT MOBILITY AND EXCHANGE PROGRAMME APPLICATION FORM

1 CHECKLIST							
Application Due date		Submission is before /on 17 th May 2024 (1700hrs) to ropiyo@mmust.ac.ke or caura@mmust.ac.ke					
2 PERSONAL DETAILS							
Please provide the following supporting documentation together with your application in one running PDF document		<ol style="list-style-type: none"> 1. On dully filled application form 2. A Short Cover Letter addressed to Academic Shortlisting Committee MMUST- TURIN mobility programme 3. Two- page Curriculum Vitae 4. One page -motivation statement 5. Two recommendation Letters (one from academic mentor) 					
Students Registration Number							
Programme of Study							
Family Name							
First Name(s)							
Title	Mr	MS	Other				
Previous family name (if applicable)		Preferred Name					
Date of birth	Day	Month	Year	Gender	Female	Male	
Contact Address (you must notify us immediately in case of change)		Permanent Address					

P. O Box Street Address		P.O Box Street Address		
Postal Code		Postal Code		
City		City		
Telephone number				
Email address	1)			
	2)			
Are you a Kenyan?	Yes	No	If no please indicate your country of citizenship	
Do you have dual citizenship ?	Yes	No	If yes , please indicate which country	
Are you living with any form of disability?	Yes	No	If yes please specify	