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OFFICE OF THE DIRECTOR GRADUATE SCHOOL

APPLICATION FORM FOR ADMISSION INTO POSTGRADUATE STUDIES (MASTERS)

INSTRUCTIONS FOR PRINTING: TO ENSURE THAT THE WHOLE PAGE IS PRINTED SET THE PRINTER PAGE SETTING TO SIZE A4

NOTES:

(i) This form should be typed or completed in **BLOCK LETTERS** and returned to:

The Director, Graduate School, Laikipia University, P.O. Box 1100 – 20300, NYAHURURU

(ii) Attach certified copies of your Result Slip, Certificate, Transcripts and a copy of your **National ID** Card

(iii) Attach **ORIGINAL** receipt for **Kshs. 2000** application fee.

(iv) Attach two passport size photos.

Payments may be made by bankers' cheque payable to Laikipia University or banked in any of the following banks:

Co-operative Bank of Kenya: Account Name: Laikipia University

Account Number: 01129501778000

Kenya Commercial Bank: Account Name: Laikipia University

Account Number: 1101909080

Equity Bank: Account Name: Laikipia University

Account Number: 0160295840456

SECTION A: (PERSONAL DETAILS)

1. Name.....
(Last/Surname) (Other Names)

2. National ID. No./ Passport NO:.....

3. Current /Postal Address.....

Telephone.....Email.....

4. Home Address (If different from 3 above):.....

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

6. Country of Citizenship.....Sex.....

7. Marital Status.....Religion.....

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

8. Area of Specialization/Major Programme (Specialization) Applied for e.g., MBA, M.ed(Educational Management)
.....
.....



Department..... **School**.....

Mode of Study: Full time Part time

9. How will your studies be financed? (Mark X in the appropriate box)

Self-financed Scholarship

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

Address..... Tel.No.....

10. Have you ever been registered in a related or same level programme? YES No

If Yes, Name of University/College.....

Year studied..... Reg. No.....

SECTION B: (EDUCATION AND WORK EXPERIENCE)

11. Previous Education (Enclose certified copies of Certificates and Transcripts):

Dates From/To	Name and Address of Institution	Field/Subjects Studied	Qualifications Obtained
.....to.....	a) Secondary		
.....to.....	b) Post-Secondary		

12. Employment (Enclose Curriculum Vitae):

Dates From/To	Name and Address of Employer	Exact description of your duties/Teaching subjects
.....to.....		
.....to.....		



Vision: A University for Valued Transformation of Society

Mission: To serve students and society through research, education, scholarship, training, innovation, outreach and consultancy

Laikipia University is Certified to ISO 9001:2015 and ISO/IEC 27001:2013

Version A

Revision 00



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13. Indicate which campus you intend to pursue your studies Laikipia (main) or Nakuru Campus.

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14. Academic Referees, one must have taught you at Post-Secondary/University Level

a) Name.....Designation.....

Address.....Tel No.....

Email address.....

b) Name.....Designation.....

Address.....Tel No.....

Email address.....

c) Name.....Designation.....

Address.....Tel No.....

Email address.....

15. Applicants' SignatureDate.....

SECTION C (FOR OFFICIAL USE ONLY)

16. Recommendation from the department

a) Forwarded to the department of on Date.....

b) Recommendation of the department: Accepted Rejected

c) Comments.....

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d) Chairman/Chairpersons' SignatureDate.....

17. Recommendation from the School

a) Forwarded to the School of on Date.....



b) Recommendation of the Dean of School : Accepted Rejected

c) Comments.....
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d) Deans' SignatureDate.....

18. Recommendation from the Graduate School

a) Forwarded to the Graduate School on Date.....

b) Recommendation of the Director : Accepted Rejected

c) Comments.....
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d) Director- Graduate School: SignatureDate.....

19. Admission by Registrar (AA)

a) Forwarded to the Registrar (AA) on Date.....

b) Approval by Registrar (AA): Approved Not Approved

c) Comments.....
.....
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d) Registrar (AA)'s SignatureDate.....

