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KIBABII UNIVERSITY

Tel: 020-2028660 / 0708-085934 / 0734-831729
P.O. Box 1699-50200
Bungoma
Kenya

E-mail: enquiries@kibabiiuniversity.ac.ke

Website: <http://www.kibabiiuniversity.ac.ke>

Office of Registrar (Academics Affairs)

APPLICATION FOR ADMISSION 2016/2017

APPLICATION FOR MASTERS STUDIES

Note:

- i.** Three copies of this form should be completed and returned to:

The Registrar (Academic Affairs)

Kibabii University ,
P.O. Box 1699 - 50200,
BUNGOMA - KENYA
Tel. 020-2028660/0708085934/0734831729

- ii.** The form should be typed or completed in block letters

I. SECTION A

1. Name.....
(Surname) (First Name) (Other Names)

2. Current Address.....
.....

Constituency

Province

District

Location

Sub-location

Telephone No (s)..... Email:.....

3. Permanent Address (if different from the current address).....
.....

4. Date of Birth..... Male/Female.....

5. Citizenship..... ID/PP NO:

6. Marital Status.....

7. Name and Address of next 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 Kibabii University College.

SECTION B

8. Institutions attended and qualifications attained

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

9. University education and equivalent qualifications obtained (state the dates you attended and the degrees you obtained including the classifications). You should attach copies of certificates and academic transcripts showing the grades obtained in each course.

a) First degree

- i. University attended.....
- ii. Dates attended.....
- iii. Field of Study.....
(e.g. Bachelor of Science, Physics, Chemistry etc)
- iv. Degree awarded.....
(e.g. B.Sc.. Upper 2nd class Honors)
- v. Date awarded.....

b) Other degree/diploma (where applicable)

.....

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
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.....

II. SECTION 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

11. Name and address of financial

sponsor.....

.....

..

.....

..

12. Name and addresses of THREE academic referees*:

(i).....

.....

.....

.....

(ii).....

.....

.....

iii).....

.....

.....

Applicant's Signature..... Date.....

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

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

III. SECTION D

TO BE COMPLETED BY THE UNIVERSITY

A. RECOMMENDATION OF THE DEPARTMENTAL GRADUATE STUDIES COMMITTEE

(Enter below **ACCEPT** or **REJ-ECT** as may be applicable)

i. University supervisor

ii. Other supervisors

Signed by:

.....
.....
(Chairman, Departmental Graduate Studies Committee (DGSC))

Date.....
.....

B. RECOMMENDATION OF THE FACULTY GRADUATE STUDIES COMMITTEE (FGSC). Enter below ACCEPT or REJECT as may be applicable.

.....
.....

Signed.....
.....
(Chairman FACULTY GRADUATE STUDIES COMMITTEE)

Date.....
.....

C. RECOMMENDATION OF THE BOARD OF THE FACULTY OF GRADUATE STUDIES, (FGS). Enter below ACCEPTED or REJECTED as may be applicable.

.....
.....

Registered with effect
from.....

Signed.....

(Dean, School of Graduate Studies)

Date.....

OFFICIAL STAMP AND DATE

.....



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Office of Registrar (Academics Affairs)

APPLICATION FOR ADMISSION 2015/2016

REFeree'S LETTER OF RECOMMENDATION (MUST BE LECTURERS FROM RECOGNIZED UNIVERSITY)

Name of Applicant:

.....

To the referee:

Prof/Dr/Mr/Mrs/Ms:

.....

The above named has applied for admission to the programme:

..... of Faculty/School of

..... of Kibabii University .

To enable us assess the applicant's suitability for the programme, kindly evaluate the applicant in the areas mentioned below. (Please type or print in all cases):

	Excellent	Very Good	Good	Average	Below Average
Intellectual Ability					
Motivation					
Diligence					
Ability to work with others					
Capacity for persistent and independent Study					
Ability for initiative and imaginative thought					
Potential for productive scholarship					
Oral and written expression in English					

Other capabilities/talents worth mentioning:

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

Suitability of the applicant to pursue the graduate programme.

1. Is the applicant capable of producing original work?.....
2. Has he/she pursued any similar degree/graduate programme that you are aware of?.....
3. What is the basis for your response in 1 above?.....
4. What do you consider to be the applicant's weaknesses?.....
.....
.....
5. For how long have you known the applicant and in what capacity?
.....
.....
.....
6. Name of Referee
7. Occupation
8. Institution.....
9. Address.....
.....
10. Tel..... Email

SignatureDate

* Note to the referee: This is confidential information on the applicant. Kindly place the form in an envelope, seal it and sign your name across the seal on the back of the envelope. You may send it through the applicant, but it should be submitted unopened to the University. Alternatively, you may send it directly to us through the address below.

** Note to the applicant: You must ensure that this recommendation is submitted to the relevant Faculty under confidential cover.

Registrar (Academic Affairs)
Kibabii University
P.O. Box 1699-50200
BUNGOMA - KENYA