

Affix one of your current passport size photographs here

## **UNIVERSITY OF EMBU**

## APPLICATION FORM FOR ADMISSION TO POSTGRADUATE STUDIES

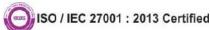
Details of courses offered and their entry requirements can be obtained from the University website on <a href="http://www.embuni.ac.ke">http://www.embuni.ac.ke</a>

## NOTE;

- 1. The form should be typed or completed and copies returned to the Deputy Vice-Chancellor (Academics, Research and Extension), P.O. Box 6 60100 Embu.
- 2. The following should be attached to the application form; (a) original copy of the application fee deposit slip for the payment of the non-refundable application fee of KShs 2000 for East Africans and USD 50 or its equivalent for Non East Africans for Master's degree programmes and KShs 4000 for East Africans and USD 50 or its equivalent for Non East Africans for Ph.D degree programmes, (b) copies of professional and academic certificates and transcripts, (c) appointment letter (if employed), (d) copy of National Identity Card, and (e) two good quality passport photographs.

## **SECTION A – Course Application Details**

1.	Name of postgraduate course applied for									
2.	. Field of Study/Specialization									
3.	. Department School of									
	4. Mode of study (Tick)									
Full time Evening Weekend Open learning Institutional Based										
5. Research institute where you will undertake your work if not at this University										
6. Indicate how you intend to finance your studies										
7. Name and address of two academic referees										
Name			Address							
٠										
2										
SECTION B – Applicant's Personal Details										
1.	Names (in full)									
		(Surname)	(First Name)	(Others)						
Postal Address		Postal Code	Town/City							
Constituency		County	Country	Country						
Telephone		E-Mail								





REVISION 3 UoEm-F-ADMS-002

Date of Birth	C	Gender:				
Marital Status	NationalityReligion					
National Identity Card No.			Passport No			
2. Name of Next of Kin		<u> </u>	Relationship			
Address	Postal Code		Town/City		Country	
Telephone	E	-Mail _				
3. Emergency Contact (Nar	ne, if different from	n the al	oove)			
Address	Postal Code		Town/City		Country	
Telephone			E-Mail			
4. Do you have any form of	of disability? YES/NO	<b>)</b>				
If yes, indicate the nature o	f disability					
SECTION C – Institutions A	ttended by the App	olicant a	and the Qua	lifications	<u>: Obtained</u>	
List all institutions attended	and the qualification	on obta	ained starting	g with the	e latest:	
Institutions Attended	From: (Month and Year)		To: (Month and Year)		Qualification Obtained	
i) Academic						
ii) Professional						
Please attach copies of certi	ificates and academ	ic trans	scripts.			
SECTION D – Applicant's P	ractical/Work Expe	rience	(Where appl	<u>icable)</u>		
List your work experience		1		T		
From To Emplo	Employer		Designation		of Assignment	
SECTION E – Applicant's D	<u>eclaration</u>					
I declare that the informati understand that any inform	_				t of my knowledge and fully c disqualification.	
Applicant's Full Names			ID/Passport No			
Date			Applicant's S	ignature		

