

Tel: 254-057-351620, 351622

Ext. 3049/351468

Private Bag MASENO

www.maseno.ac.ke

AFFIX PASSPORT SIZE PHOTO

### POST GRADUATE APPLICATION FORM FOR POST GRADUATE PROGRAMMES: E-CAMPUS

### **SECTION A**

### NOTE:

- i. That THREE (3) copies of this form should be sent by courier to the DIRECTOR E-CAMPUS, MASENO UNIVERSITY, VARSITY PLAZA 10<sup>TH</sup> FLOOR, WING A. P.O. BOX 3275-40100, KISUMU.
- ii. That the form should be typed or completed in block letters.
- iii. All applicants must attach copies of their certificates/transcripts and a copy of their Identity Card/Passport.
- iv. That only successful candidates will be contacted.
- v. That the names appearing on this form should be the same as those on your certificates.

1. PERSONAL DETAILS: Surname/Family Name:		
Other Names:		
Date of Birth:		
	Day Month Year	
Gender:	Male Female	
Marital Status:	☐Single ☐Married	
Citizenship:		
ID/Passport No:		
Telephone:		
Email:		
Fax:		
Current Address:		
Permanent Address: (if dif	ferent from the current address)	



## SECTION B

2. SECONDARY/HIGH SCHOOL(S) ATTENDED:				
State t	IVERSITY EDUCATION OR EQUIVALENT QUALIFICATIONS OBTAINED: the dates you attended University and the degrees you obtained including the classification. rtificates and academic transcripts showing the grades obtained in each course).	(Attach copies of		
i. ii. iii. iv. v. <b>b) SI</b> vi. vii.	IRST DEGREE:  University attended: Dates attended: Field of study:  i. (e.g. History, Economics, Physics, Chemistry, etc)  Degree awarded:  i. (e.g. B.Sc. Upper 2 <sup>nd</sup> Class Honours)  Date awarded:  ECOND DEGREE: University attended: Dates attended:  Eiold of study:			
viii. ix.	Field of study:  i. (e.g. History, Economics, Physics, Chemistry, etc)  Degree awarded:			
Х.	i. (e.g. B.Sc. Upper 2 <sup>nd</sup> Class Honours)  Date awarded:			
c) O	THER DEGREES/DIPLOMA (where applicable):			
	ESEARCH EXPERIENCE (if any) of publications, research reports, dissertation, thesis etc.). Attach separate sheet if necessar	ry.		



e) EMPLOYMENT RECORD: Position		Place of Employment	Date of Employment (From – To)
f) What langua	ages do you spe	eak?	
		SECTION C	
Post Gr Master	of Science in Quaduate Diploma of Public Health of Arts in Project of Arts in Social of Arts in Social of Arts in Social of Education in of Science in Such Science in Total of Science in Hospital Science in	antitative Research Methods in Education  Planning and Management ring and Evaluation  Development and Management	
ii. Expecte	ed date of comple	encement of study:// etion:// h work is to be done in not at Masen	o University:
5. If a doctoral a	pplicant, provid	le and attach a concept paper (not	exceeding 500 words)
6. If a doctoral ap	$\sim$	if Master's degree was by coursewor	k and thesis, or coursework and project, or and Project Coursework Only





Maseno University is ISO 9001:2008 Certified



7. Give the title of your master's degree thesis:  8. Give the title of your master's degree project:  9. Indicate how you intend to finance your studies:						
REFEREE 1 Name, Title and	Address:					
Tel:	Fax:	Email:				
REFEREE 2 Name, Title and	Address:					
Tel:	Fax:	Email:				
complete and a withholding releventake place at any	Il required information has be	•				

### **APPLICATION CHECKLIST:**

Please ensure that you have done the following:

- 1. Attached a passport size photo on each form.
- 2. Sent reference letters to the Director, School of Graduate Studies, Maseno University, Private Bag MASENO.
- 3. Attached photocopies of both Academic and Professional certificates on each duly completed form.
- 4. Attached photocopies of your transcripts.
- 5. For doctoral applicants, attached Concept Paper.

**NOTE:** Once your application is received at the eCampus and confirmed as complete, it will be forwarded to the Office of the Director, School of Graduate Studies for further action.





### SECTION D

### TO BE COMPLETED BY THE UNIVERSITY

SGS USE:	TAMP	
RECEIPT OF APPLICATION FORM		
Date of receipt://		
Name of receiving officer:		
Signature:		
Recommendation of the Chair Departmen  Accept Reject  Give reasons for Rejecting:		
Name of Chair:	Signature:	Date://
Recommendation of the SGS Board:  Accept Reject  Give reasons for Rejecting:		
Registered with effect from:		
Director SGS:	Signature:	Date:/
	OFFICIAL STAMP	