

COMMISSION FOR UNVIERSITY EDUCATION

FORM CUE/QAS/2

APPLICATION FOR COLLABORATION

| 1. | Name of foreign university |
|-----|--|
| 2. | Postal address |
| 3. | Physical address |
| 4. | Telephone No. |
| 5. | Email address |
| 6. | Name of programme to be offered under the collaboration contract |
| 7. | Name, postal and physical address of the collaborating institution |
| 8. | Accreditation status |
| 9. | Name of accrediting body recognizing the foreign university |
| 10. | Resources particularly developed for the use of the programme |
| | |

| r | 11. Principal academic focus or discipline | | | | | |
|----------------------|--|--|--|--|--|--|
| 12. Principal resear | rch focus | | | | | |
| 13. Name and qual | ifications of staff employed on a full time basis to offer the programme | | | | | |
| (Kindly use separa | te sheet) | | | | | |
| 14. Library resourc | es to accommodate the collaboration programme | | | | | |
| | | | | | | |
| | | | | | | |
| 15. Other facilities | (specify) | | | | | |
| | | | | | | |
| 16. Present budget: | | | | | | |
| (a) Capital(in I | | | | | | |
| (b) Recurrent (| in | | | | | |
| Kshs.) | | | | | | |
| 17. Primary source | (s) of funding | | | | | |
| (a) | | | | | | |
| (b) | | | | | | |
| (c) | | | | | | |
| | of the Collaboration for education in Kenya, generally | | | | | |

| I hereby apply for the Commission's authority for Collaboration with the University known as |
|--|
| of Post Office Box Number |
| physical address |
| Email address |
| programme known as |
| that will lead to an award of |
| qualification) and attach hereto a copy of a statement of the terms of the contractual agreement |
| together with documents of accreditation of the Collaborating University. |
| Name |
| ••• |
| Designation |
| |
| |
| Signature |
| |
| Full postal address |
| |
| Date and Official stamp |
| |