



Tel: Pilot: 254-51-2217620
Others: 254-51-2217877
254-51-2217631
Dr-Line/Fax:254-51-221 7847
Cellphone: 254-727-014034
e-mail-bpgs@egerton.ac.ke

AFFIX YOUR RECENT
PASSPORT SIZE
PHOTOGRAPH ON
EACH FORM

BOARD OF POST GRADUATE STUDIES APPLICATION FOR ADMISSION INTO POSTGRADUATE STUDIES

Notes: (1) Complete this form in duplicate and return to the Director (Board of Post Graduates Studies),
Egerton University, P. O. BOX 536-20115, EGERTON, NJORO, KENYA.

(2) Type or print in block letters

APPLICATION FOR MASTERS DEGREE (M.Sc./M.A./M.Ed.)

SECTION A.: (PERSONAL DETAILS)

1. Name:.....

(Last/Surname)

(Other names in full)

2. National ID No:.....or Passport No:.....

3. Current/Postal Address:.....

Telephone:email

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

Telephone:.....

5. Date of Birth: 6. Place of Birth:

7. Country of Citizenship:.....8. Sex:.....

9. Material Status:..... 10. Religion:

10. Next of Kin:.....Telephone.....

11. Area of specialization/Major

Programme (Specialization) application for e.g M.Sc., Chemistry:.....

12. Campus choice (e.g - Main Campus).....

Department:.....Faculty:.....Instute.....School.....

Mode of study: Full time Part time

13. How are your Studies to be financed? (Mark X in the appropriate box):

Self financed Scholarship

Name of Sponsor:.....email.....

Address:.....Telephone:

SECTION B(ACADEMIC QUALIFICATIONS)

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

Dates From /To	Name & Address of Institution	Field/Subjects Studied	Qualifications Obtained
1.....to.....	(a) Secondary		
2.....to.....			
3.....to.....			
1.....to.....	(b) Post Secondary/University		
2.....to.....			
3.....to.....			

15. Post Secondary/University programmes(s) attended but not completed:

Dates	Programmes	Institution	Reasons for not completing
1.....to.....			
2.....to.....			
3.....to.....			

16. Employment (Enclose Curriculum Vitae).

Date: From/To	Name & Address of Employer.	Exact description of your duties/ Teaching subjects:
1.....to.....		
2.....to.....		
3.....to.....		

17. Academic referees, one must have taught you at PostSecondary/University level.
- (a) Name:.....
 Designation:.....
 Address:.....
 Telephone number:.....e-mail.....
- (b) Name:
 Designation:.....
 Address:.....
 Telephone number:.....e-mail.....
- (c) Name:
 Designation:.....
 Address:.....
 Telephone number:.....e-mail.....
18. Applicant's Signature:.....Date:.....

SECTION C (FOR OFFICIAL USE ONLY)

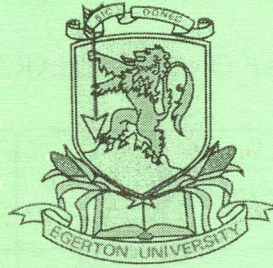
19. Recommendation from the Department:
- (a) Forwarded to the Department of Date:.....
- (b) Recommendation of the Department: Accepted Rejected
- (c) Comments:.....

- Chapman's/Chairperson's Signature:.....Date:.....
20. Recommendation of the Faculty:
- (a) Forwarded to the Dean of Faculty of Date:.....
- (b) Recommendation of the Faculty: Accepted Rejected
- (c) Comments:.....

- Dean's Signature:.....Date:.....
21. Recommendation of Board of Post graduate Studies (BPGS)
- (a) Forwarded to the Board of Post graduate Studies: Date:.....
- (b) Recommendation of the BPGS: Accepted Rejected
- (c) Comments:.....

- Directors' Signature:.....Date:.....

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P.O Box 536 - 20115
EGERTON, NJORO, KENYA

DIRECTOR
Board of Postgraduate Studies

Ref:.....

Date:.....

REFEREE'S CONFIDENTIAL REPORT

SECTION A: (To be completed by the candidate).

1. NAME OF CANDIDATE (Surname first and other names in full):

.....

MAIDEN NAME IF APPLICABLE

.....

2. DEGREE APPLIED FOR:.....

3. DEPARTMENT/FACULTY/INSTITUTE/SCHOOL TO WHICH THE APPLICATION IS BEING MADE.....

4. FIELD OF STUDY:.....

.....

SECTION B: (To be completed by the Referee)

5. FOR HOW LONG AND IN WHAT CAPACITY HAVE YOU KNOWN THE CANDIDATE?

.....

6. PLEASE RATE THE CANDIDATE ON THE CHARACTERISTICS LISTED BELOW

	Excellent	Very Good	Good	Average	Below Average	Unable to assess
Intellectual Capacity						
Capacity for persistence and independent study						
Ability for initiative and imaginative thought						
Promise of Productive Scholarship						
Quality and quantity of previous work						
Oral and Written expression in English						

7. ON THE FOLLOWING SCALE, PLEASE RANK THE CANDIDATE AMONG THE STUDENTS YOU HAVE KNOWN

Top 10%
 Top 25%
 Top AVERAGE
 BELOW AVERAGE

8. COMMENT FREELY ON THE CANDIDATE:(Use additional Sheet if necessary)

.....

.....

.....

9. NAME OF REFEREE (in block capitals):

.....

OFFICIAL STATUS: _____ INSTITUTION _____

ADDRESS:.....

TELEPHONE:..... Email:.....

N:B. **The Referee should return the completed form directly to:**

**The director
 Board of Postgraduate Studies
 Egerton University,
 P.O Box 536 - 20115
 EGERTON, NJORO, KENYA.**