



KENYA METHODIST UNIVERSITY

Main Campus, Meru; P.O BOX 267 - 60200 , Meru Kenya, Tel: 254-064-31206, 0724256162, 0734310655

Nairobi Campus: P.O BOX 45240 - 00100, GPO, Nairobi . Tel: 254-020-248172, 0725751878, 0735701311

Mombasa Campus: P.O. BOX 89983 80100 , Mombasa . Tel: 0748414998, 0743084019

APPLICATION FOR ADMISSION TO POSTGRADUATE STUDIES

INSTRUCTIONS

1. Read each item carefully and fill in capital letters.
2. Attach copies of certificates and official transcripts.
If they are not in English, send translated certified copies.
3. Attach one recent passport size photograph to the application form and a copy of National ID/Passport
4. No Application will be processed without payment of the application fees.

Application No:

Receipt No:

Application Fee:

PhD : **KSh. 5,000**

Masters: **KSh. 2,000**

Postgraduate: 0 1 535.42 493.63 Tm

9. How do you plan to finance your studies: Self-financed Scholarship

If scholarship, please provide sponsor's name:

Contacts Postal: Telephone:.....

Email:

10. Next of Kin details

Name: Relationship

P.O. Box Town/City Code

Phone..... Email:

SECTION B: Programme Particulars

11. Indicate the name of the programme that you wish to be considered for

Option 1:.....

Option 2:.....

Level of Programme	Tick
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- 14. Expected Intake: Academic Year:..... Trimester 1 (Jan) , 2 (May) 3 (Sep)
- 15. State briefly why you are interested in carrying out your postgraduate studies in your preferred discipline.....
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SECTION C: Education Background

- 16. Secondary and Post-Secondary Education details (Arrange in descending order).
Attach copies of Certificates and Transcripts.

Institution Name	From	To	Examination	Qualifications Obtained

b. Name of Referee:
Designation:
Address
Cell phone: Email:

c. Name of Referee:
Designation:
Address
Cell phone: Email:

SECTION F: Personal Statement

18. I certify that the information given on this form is correct to the best of my knowledge and belief.

Signature of the applicant:

Date:

SECTION G: For Official Use Only

19. Recommendation of the Department: Accepted Rejected Deferred to.....

Comments.....

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Chairman's/Postgraduate Coordinator's Signature..... Date:

20. Recommendations of the Board of Postgraduate Studies

a. Received: Date.....

b. Recommendation of the Board : Accepted Rejected

c. Comments:

.....

Dean's Signature: Date:

When you complete this application form send to:
The Registrar (Academic Affairs)
Kenya Methodist University
Main Campus, P.O. Box 267 - 60200 Meru
Or Nairobi Campus, P.O. Box 45240—00100 Nairobi
Or Mombasa Campus, P.O. Box 89983-80100 Mombasa

OR

Scanned Copies of this application to be sent to:
admission.office@kemu.ac.ke or info@kemu.ac.ke