

CHUKA



UNIVERSITY

P.O. Box 109 -60400 Chuka
Telephones: 020 2310512
020 26 87 625
Fax line: 020 2310302
Email Address: postgraduate@chuka.ac.ke

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Current
Photo
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**BOARD OF POSTGRADUATE STUDIES & RESEARCH
APPLICATION FOR ADMISSION INTO POSTGRADUATE STUDIES**

Notes: Attach the following.

1. **Complete this form in duplicate** and return to the Director (Board of Post Graduate Studies & Research) Chuka University P.O Box 109 CHUKA, TYPE/PRINT in Block letters.
2. Attach original receipt from the University indicating payment for the application fees (Kshs.2000).Account No KCB 1103755439/Co-op 011 29058189900/ Equity 02210261453469 (Chuka Branch)
3. Attach two sets of certified copies of all academic certificates and transcripts.
4. Attach two copies of the national ID card. Two copies of the applicant's curriculum vitae (CV).
5. Attach two current copies coloured passport size photographs, to be affixed on the box provided up.
6. Attach two loosely bound copies of proposal or concept paper (**for Ph.D. Applicants only**)

SECTION A (PERSONAL DETAILS)

1. Name:
(Last/Surname) (Other names in full)
2. National ID No. Or Passport No.....
3. Current/Postal Address:..... Code..... Town
Telephone:..... Email.....
4. Date of Birth:..... Place of Birth:
5. Country of Citizenship..... Sex.....
6. Marital Status:..... Religion.....
7. Next of Kin:..... Telephone.....
8. Programme applied for (E.g. M.ED Management, PGDE, Ph.D.)
.....
Department:..... Faculty
9. Mode of study (Tick): Full Time School Based
10. How are your studies to be financed? (Tick as appropriate in the box):
Self-Finance Scholarship
Name of Sponsor.....Email.....
Address:.....Telephone:.....
11. Your preferred campus (Tick as appropriate in the box):
Chuka Campus Igembe Campus Embu Campus
Chogoria Campus Tharaka Campus

SECTION B (ACADEMIC QUALIFICATIONS)

12 Academic referees, preferably one must have taught you at Post-Secondary/University Level.

a) Name.....

Designation:.....

Address.....

Telephone number.....E-mail.....

b) Name.....

Designation:.....

Address.....

Telephone number.....E-mail.....

13. Applicant's Signature:.....Date.....

SECTION C (FOR OFFICIAL USE ONLY)

14. Recommendation from the Department:

a) Forwarded to the Department ofDate.....

b) Recommendation of the Department: Accepted Rejected

c) Comments:.....

HOD's Signature.....Date

15. Recommendation from the Faculty:

a) Forwarded to the FacultyDate.....

b) Recommendation of the Department: Accepted Rejected

c) Comments:.....

Dean's Signature:Date.....

16. Recommendation of Board of Post graduate Studies (BPSR):

a) Forwarded to the Board of Post graduate Studies (BPSR): Date:.....

b) Recommendation of the BPGS: Accepted Rejected

c) Comments:.....

Director's Signature.....Date

CHUKA



UNIVERSITY

Telephones: 020 2310512
020 2310518
Fax line: 020 2310302

P.O. Box 109 Chuka

OFFICE OF THE DIRECTOR
APPLICATION FOR ADMISSION INTO POSTGRADUATE STUDIES

REFEREE'S CONFIDENTIAL REPORT

(NB: This form must be fully filled by two referees, each in different sheet)

SECTION A (To be completed by the candidate)

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

.....

MAIDEN NAME IF APPLICABLE:

.....

2. DEGREE APPLIED FOR.....

3. DEPARTMENT/FACULTY IN 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

	EXCEL LENT	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 quality 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)

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.....

9. NAME OF REFEREE (in block capitals):

.....

OFFICIAL STATUS:..... INSTITUTION.....

ADDRESS.....

TELEPHONE..... EMAIL.....

NB: The referee should return the completed form directly to:
 The Director
 Board of Postgraduate Studies
 Chuka University College
 P.O Box 109
 Chuka