OFFICIAL	USE ONLY
Receipt No	
Date	
Signature	



COLOURED CURRENT PASSPORT SIZE PHOTOGRAPH

KIBABII UNIVERSITY COLLEGE

(A Constituent College of Masinde Muliro University of Science Technology)

P.O. Box 1699-50200 Bungoma, Kenya Tel. 020-2028660/0708-085934/0734-831729

OFFICE OF THE REGISTRAR ACADEMIC AFFAIRS

APPLICATION FOR ADMISSION 2013/2014

APPLICATION FOR POST GRADUATE DIPLOMA

Note:

I.

i. Three copies of this form should be completed and returned to:

The Registrar (Academic Affairs) Kibabii University College, P.O. Box 1699 - 50200,

BUNGOMA - KENYA

Tel. 020-2028660/0708085934/0734831729

ii. The form should be typed or completed in block letters

SECTION A

1.		(First Name)	(Other Names)	
2.	Current Address			
	Constituency			
	Province			.
	District			
	Location			
	Telephone No (s)		Email:	
3.	Permanent Address (if o	different from the curre	ent address)	

4.	Date of	of B	irth	
5.	Citize	nshi	ip	ID/PP NO:
6.	Marit	al Sı	tatus	
7.	Name	anc	l Address	of next of kin (state relationship).
Ksh	ıs.2000	Ō (Ko	enya Mast	be accompanied with a processing fee of Kshs.2,000 (Kenya Graduate Diploma Candidates), ers Candidate), Kshs.2000 (Kenya Doctoral Candidate) or US\$ 50 (foreign students). Bankers ons are payable to Kibabii University College.
				SECTION B
8.	Institu	ıtior	ns attende	d and qualifications attained
9.	Ċ	legr	ees you o	ucation and equivalent qualifications obtained (state the dates you attended and the brained including the classifications). You should attach copies of certificates and
aca	demi		transc First deg	ripts showing the grades obtained in each course.
			i.	University attended
			ii. :::	Dates attended
			iii.	Field of Study(e.g. Bachelor of Education)
			iv.	Degree awarded
				(e.g. B.Sc Upper 2 nd class Honors)
			V.	Date awarded
		b)	Other de	gree/diploma (where applicable)
		c)	Research	experience (if any)
	(List	of p	oublication	n, research reports, dissertation, thesis etc) Attach separate sheet if necessary

Position		Employment record Place of employment	Date of employment
I		ECTION C	
10.	Graduate	Degree/Programme applied for	
	i.	Name of Degree	
	ii.	Department/School/Centre/Institute	
	iii.	Field of Study	
	iv.	State whether full time or part time	
	V.	Name of Supervisor	
	vi.	Date of beginning studies	
	vii.	Expected date of completion	
	viii.	Institution where studies is to be done if	not at the university
11. ì		·······	
12. 1	Name and	d addresses of THREE academic referees*:	
	(i)		
	(ii)		
	iii)		
Appl	icant's Si	ignature I	Date

Academic referees should be people who are familiar with the candidates' work and have records of the same.

^{*}Applicants must ensure that referees send their recommendation on time to respective Deans/Directors for the applications to be considered.

III. SECTION D

TO BE COMPLETED BY THE UNIVERSITY

A.	RECOMMENDATION OF THE DEPARTMENTAL GRADUATE STUDIES COMMITTEE (Enter below ACCEPT or REJECT as may be applicable)
	i. University supervisorii. Other supervisors
	Signed by:
	(Chairman, Departmental Graduate Studies Committee (DGSC))
	Date
В.	RECOMMENDATION OF THE FACULTY GRADUATE STUDIES COMMITTEE (FGSC). Enter below ACCEPT or REJECT as may be applicable.
	Signed(Chairman FACULTY GRADUATE STUDIES COMMITTEE)
C.	RECOMMENDATION OF THE BOARD OF THE FACULTY OF GRADUATE STUDIES, (SGS). Enter below ACCEPTED or REJECTED as may be applicable.
	Registered with effect from
	Signed
	(Dean, School of Graduate Studies)
	Date
OFFI	ICIAL STAMP AND DATE



KIBABII UNIVERSITY COLLEGE

(A Constituent College of Masinde Muliro University of Science and Technology) P.O. Box 1699-50200 Bungoma, Kenya Tel. 020-2028660/0708-085934/0734-831729

Website: http://www.kibabii-university.ac.ke
E-mail: enquiries@kibabii-university.ac.ke

Office of the Registrar, Academic Affairs

REFEREE'S LETTER OF RECOMMENDATION (MUST BE LECTURERS FROM RECOGNIZED UNIVERSITY)

Name of Applicant:					
To the referee: Prof/Dr/Mr/Mrs/Ms:					
The above named has applied for admission			f		0
Kibabii University College.		of faculty of			
To enable us asses the applicant's suitabil mentioned below. (Please type or print in a		rogramme, kind	dly evalua	te the applica	ant in the areas
	Excellent	Very Good	Good	Average	Below Average
Intellectual Ability					
Motivation					
Diligence					
Ability to work with others					
Capacity for persistent and independent Study					
Ability for initiative and imaginative thought					
Potential for productive scholarship					
Oral and written expression in English					
Other capabilities/talents worth mentioning:					
Suitability of the applicant to pursue the grant 1. Is the applicant capable of producing o 2. Has he/she pursued any similar degree/	riginal work?				
3. What is the basis for your response in 1		-			

4.	What do you consider to be the applicant's weaknesses?
5.	For how long have you known the applicant and in what capacity?
6.	Name of Referee
7.	Occupation
8.	Institution
	Addres
10	Tel Email
10.	Dillan
	Signature Date

- * Note to the referee: This is confidential information on the applicant. Kindly place the form in an envelope, seal it and sign your name across the seal on the back of the envelope. You may send it through the applicant, but it should be submitted unopened to the University. Alternatively, you may send it directly to us through the address below.
- ** Note to the applicant: You must ensure that this recommendation is submitted to the relevant Faculty under confidential cover.

Registrar (Academic Affairs) Kibabii University College P.O. Box 1699-50200 BUNGOMA - KENYA