OFFICIAL	USE ONLY
Receipt No _	
Date	
Signature	

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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

E-mail: enquiries@kibabii-university.ac.ke

OFFICE OF THE REGISTRAR ACADEMIC AFFAIRS

APPLICATION FOR ADMISSION 2014/2015

APPLICATION FOR MASTERS

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

irrent Address			
Constituency			
rovince			
District			
ocation			
ub-location			
elephone No (s)	Emai	il:	
•	Constituency	Constituency Province District Location Sub-location	Constituency Province District Location Sub-location Celephone No (s) Email:

4. Dat	e of B	irth	Male/Female	
5. Citi	zensh	ip	ID/PP NO:	
6. Mai	rital S	tatus		
7. Nar	ne and	d Address	s of next of kin (state relationship)	
•••••				
Kshs.20	000 (K	enya Maste	be accompanied with a processing fee of Kshs.2,000 (Kenya Graduate Diploma Candidates), ters Candidate), Kshs.2000 (Kenya Doctoral Candidate) or US\$ 50 (foreign students). Bankers ons are payable to Kibabii University College.	
			SECTION B	
8. Inst	itutio	ns attended	ed and qualifications attained	
				-
9.	degr nic	ees you ol	cripts showing the grades obtained in each course.	the nd
	u)	i.	University attended	
		ii.	Dates attendedField of Study	
		111.	(e.g. Bachelor of Science, Physics, Chemistry etc)	
		iv.	Degree awarded	
		V.	(e.g. B.Sc Upper 2 nd class Honors) Date awarded	
	b)	Other deg	egree/diploma (where applicable)	
		•••••		•
	c)	Research	h experience (if any)	
(Li			on, research reports, dissertation, thesis etc) Attach separate sheet if necessary	
	-			

Position	Employment record Place of employment	Date of employment
	SECTION C	
10. Graduat	te 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 no	ot at the university
11. Name a	nd address of financial sponsor	
	_ 	
12. Name a	nd addresses of THREE academic referees*:	
(i)		
(ii).		
().		
)		
111).		
•••••		
••••		
Applicant's	Signature D	ate

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

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

RECOMMENDATION OF THE DEPARTMENTAL GRADUATE STUDIES COMMITTEE

III. SECTION D

A.

TO BE COMPLETED BY THE UNIVERSITY

	(Enter below ACCEPT or REJECT as may be applicable)
	i. University supervisorii. Other supervisors
	Signed by:
	(Chairman, Departmental Graduate Studies Committee (DGSC))
	Date
B.	RECOMMENDATION OF THE FACULTY GRADUATE STUDIES COMMITTEE (FGSC). Enter below ACCEPT or REJECT as may be applicable.
	Signed(Chairman FACULTY GRADUATE STUDIES COMMITTEE)
	Date
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
OFFIC	CIAL 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			c		
Kibabii University College.		of Faculty o	Ι		
To enable us asses the applicant's suitable mentioned below. (Please type or print in a		orogramme, kind	dly evalua	te the application	ant in the area
	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 of	original work?	?			
2. Has he/she pursued any similar degree	/graduate pro	gramme that yo	u are awa	re of?	

3.	What is the basis for your response in 1 above?
4.	What do you consider to be the applicant's weaknesses?
5	Ear have long have you known the applicant and in what consists?
٥.	For how long have you known the applicant and in what capacity?
6.	Name of Referee
7.	Occupation
	Institution
9.	Addres
10	Tel Email
10.	Tel Elliäli
	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