Serial No:	



APPLICATION FOR ADMISSION INTO PWANI UNIVERSITY POSTGRADUATE PROGRAMMES

NOTES:

- (i) This form should be typed or completed in **BLOCK LETTERS**, and returned to:

 The Registrar (Academic & Student Affairs), Pwani University P.O. Box 195 80108, Kilifi.

 Email address: registrar-acad@pu.ac.ke, or admission@pu.ac.ke.
- (ii) Attach Copies of (a) your current appointment letter (where applicable), (b) your professional and academic certificates and transcripts, (c) The print-out of e-citizen payment for the application (d) National Identity Card (Copy).
- (iii) Applicants from East Africa to pay a sum of **Kshs. 3,000**/- and those from outside East Africa pay **Kshs. 4,000**/- as application fee through the e-citizen platform provided in the advertisement.
- (iv) Attach **Four** standard passport size photographs.

SECTION A

1)	NI	SECTION			
1)	Name(Surname)		(Other names in full)		
2)	Contact Address				
3)	Permanent Address				
5)					
	Telephone No:	Mobile No:			
	Email				
	County:	Sub-County			
4)	Date of Birth: Day	Month	Year		
5)	Nationality:				
6)	Identification Details : ID Card No	Passport N	Vo		
7)	Gender:	Male	Female		
8)	Marital Status: Single	Married	Other (Specify)		
9)	Do you have any special need(s)?	Yes	No		
	If so indicate nature of need(s)				

SECTION B

10. Institutions attended and qualifications obtained starting with the latest.

QUAL	ALIFICATIONS SCHOOL/COLLEGE/UNIVERS ATTENDED		ITY	YEAR OF COMPLET	ION	GRADES OBTAINED &		
(i)	Academic							CLASSIFICATION
(1)	1 Tourier							
(ii)	Professional							
	11. Work/Reso	earch	experience (whe	re applicab	ole)			
OCCUPATION		EMPLOYER		WORK STATION I		DUI	DURATION	
	SECTION C							
	12. A) Specify degree applied for (e.g. PGD, Masters, PhD)							
	(i) Degre	e app	lied for					
	(ii) Area of Study							
	(iii) Department							
	(b) Mo	de of	study (Tick as app	propriate)				
i.	Full Time (We	ekday	ys)					
ii.	. Full time (Evening & Weekends)							
iii.	Part Time							
iv	Institutional Based							

13.	Meth	od of study and Examination:				
	(a)	Select how you intend to pursue your studies from one of the following methods:				
	(i)	Coursework, examination and thesis				
	(ii)	Coursework, Examination and Project				
	(iii)	Thesis Only				
	(b) P	roposed date for commencement of study				
	(c) I	nstitution where research work is to be done if not at the University				
14.	4. How will you finance your studies?					
15.		Name two persons to act as your referees. They should be able to report on your potential to pursue				
	gradua	ate studies in your chosen area of study. At least one referee should have been your lecturer in degree				
	course	S.				
1.	N	Jame:				
	A	Address				
2.	N	Name				
	A	Address				
		SECTION D				
DE	CLAR	ATION BY THE APPLICANT				
I h	ereby o	leclare that t the best of my knowledge that the information I have provided is correct.				
Naı	ne					

SECTION E

16. Department Graduate Studies Committee (DGSC)

	Guiding Criteria		Yes/No			
1	Meets academic entry requirement of programme applied for					
2	Has relevant research					
3	Has relevant work experience					
4	Referees' reports attest candidate's ability/sur	tability				
5	Department has capacity to supervise propose	ed area of study				
6	Proposed supervisors: Main Supervisor					
	Other(s)					
	mmendation by DGSC Admit ons for deferment: (e.g. incomplete Information	Do Not Admit	_			
Rease	ms for determent. (e.g. meomplete information	1, (10)	•••••			
Chair	man (DGSC) Name	Signature	Date:			
011111	(2 0 0 0) 1 (11.11.11.11.11.11.11.11.11.11.11.11.11.					
	QE QUI	ON E				
	SECTI	ON F				
17.	School Graduate Studies Committee (SC	SSC)				
	Admit					
	Reject					
For Reject (state if any follow –up section)						
Dean	Dean of the school					
Signa	ture	Date:	•••••			
18.	Board of Graduate Studies (BGS) Approved for Admission Not Approved for Admission					
Director, Board of Graduate Studies						
Signa	ture:	Date:				