

TEL: 020-4213859(KITUI)

## SOUTH EASTERN KENYA UNIVERSITY OFFICE OF THE DIRECTOR

**BOARD OF POSTGRADUATE STUDIES (BPS)** 

APPLICATION FORM FOR ADMISSION TO POSTGRADUATE PROGRAMMES

P.O. BOX 170-90200 KITUI, KENYA

Email: directorbps@seku.ac.ke

# website: www.seku.ac.ke

Academic Year	Admission No	Ref No:
Two copies of this fe	orm should be typed or comp	leted in Block Letters and returned to the Director,
Board of Postgradua	te Studies the form is availab	ole online (www.seku.ac.ke)
SECTION A: BIO DA	ATA	
Surname:		Other names:
Date of Birth:		Country of Birth:
Citizenship:		Religion:
Gender: M/F		Marital Status:
County:		Constituency
ID card No	······································	Place and Date of issue:
Passport No:		Place of issue:
Date of issue		Date of Expiry:
••		Telephone
E-mail Address		Postal Address
Next of Kin:		Relationship.
Address for corresponde	ence	Cell-Phone:
Landline		E-mail Address:
Permanent Address (if	different from above postal Addre	ess)
Contact person in case	of Emergency	Name (s)
Postal Address		Telephone /Cell-Phone

SECTION B: EDUCATIO	ON BACKGRO	OUND				
Name of Course applied for						
Faculty/Institute/School:			Department:			
Campus (Tick where y	ou prefer to	study from)				
SEKU Main Campus		Wote Campus		Mtito Andei Campus		
Kitui Campus		Machakos Campus		1		
Mode of Study (tick app	propriately)					
Full Time			Part Time			
Weekdays: 8.00 a.m 5.0	Weekdays: 8.00 a.m 5.00 p.m. Evening: 5.30 p.m 8.30 p.m.					
		P	LUS			
		Saturda	ays: 9.00 a.m5.	.00 p.m.		
Proposed Period of Stud	ly:					
From:		To:				
Institution where Research	n is to be under	rtaken if not in thi	s University			
Indicate how you intend to	finance your s	studies				
Name and address of curren	nt employer					
SECTION C: UNIVER	SITY EDUC	ATION AND Q	UALIFICATI(	ONS		
Please List University and	d Colleges Att	ended				
<b>Universities Attended</b>	Fre	om To	Qı	ualifications Obtained		

### Please attach certified copies of certificates and Academic Transcript

State qualifying practical experience related to the program (if any) i.e. Employment and work profile

since graduating from University.
II 1
Have you been admitted for Postgraduate Program in this University or any other University? (Yes/No)
If yes, give the Name of the University
Year Attended.
Current Status.
SECTION D: APPLICANT'S DECLARATION
I declare that the information contained herein is true and accurate to the best of my knowledge and
fully understand that any information found to be false would lead to automatic disqualification.
Applicants Full Names
Date:
Give names and addresses of two academic Referees
Name:
Postal Address: Postal code
Telephone E-mail
Name: Occupation
Postal Address: Postal code
Telephone F-mail:

### **NOTE:**

- Attach a copy of your receipt as proof of having paid the non-refundable application fee (KShs.3, 000 for Kenyans and 50 US Dollars or its equivalent for Non-Kenyans)
- Students are advised to bring two recommendation forms from their academic referees. The Academic Reference Form can be downloaded from the www.seku.ac.ke
- The academic referee must be an Academician/Researcher from a Recognized Institution.
- For PhD applicants, Research Proposals should be submitted along with the Application Forms.

## SECTION E: EVALUATION (OFFICIAL USE ONLY)

Forwarded to Department/Institute/School of		•••••
Accept	Reject	
Date	·	Date
Recommendation of Department:		
Reason(s) for rejecting application:		
University Mentor (s): (1).		
(2)		
Chairman of Department:	. Sign:	
Forwarded to Faculty/Institute/School PSC	Accept Date	Reject Date
Chairman, PSC:	. Sign: Date:	
Accept Date:	<b>Reject</b>	ate

#### RECOMMENDATION OF FACULTY/INSTITUTE/SCHOOL:

Dean of Faculty/Director/In	stitute/School:		
Forwarded to Board of Po	estgraduate Studies:	Accept	<b>Reject</b> Date
Name	Signature	Date	
Approval by Director, B	oard of Postgraduate S	Studies (BPS)	
Name:	Si	onature. D	Date:

ARID TO GREEN .....TRANSFORMING LIVES

