



MASENO UNIVERSITY
OFFICE OF THE DIRECTOR, SCHOOL OF GRADUATE STUDIES

Tel: 254-057-351620, 351622
Ext. 3049/351468

Private Bag
MASENO
www.maseno.ac.ke



SECTION A

NOTE:

- i. That THREE (3) copies of this form should be completed and returned to the DIRECTOR, SCHOOL OF GRADUATE STUDIES, MASENO UNIVERSITY, PRIVATE BAG, MASENO, KENYA.
- ii. That the form should be typed or completed in block letters.
- iii. All applicants must attach copies of their certificates/transcripts, copy of their Identity Card/Passport, and Original Receipt of the Application Fee.
- iv. Applicants should also indicate the campus of interest whether: eCampus(eLearning/Distance), Kisumu City Campus (**Day/Evening/Weekend/Sandwich**), Homa-Bay (**Day,Weekend/Sandwich**) or Maseno Main Campus (**Regular**).
- v. That only successful candidates will be contacted.
- vi. That the names appearing on this form should be the same as those on your certificates.

1. PERSONAL DETAILS:

Surname/Family Name: _____

Other Names: _____

Date of Birth: ____ / ____ / _____

Day Month Year

Gender: Male Female

Marital Status: Single Married

Citizenship: _____

Telephone: _____ Email: _____

Fax: _____

Current Address: _____

Permanent Address: (if different from the current address)





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SECTION B

2. SECONDARY/HIGH SCHOOL(S) ATTENDED:

3. UNIVERSITY EDUCATION OR EQUIVALENT QUALIFICATIONS OBTAINED:

State the dates you attended University and the degrees you obtained including the classification. (attach copies of the certificates and academic transcripts showing the grades obtained in each course).

a) FIRST DEGREE:

- i. University attended: _____
- ii. Dates attended: _____
- iii. Field of study: _____
 - i. (e.g. History, Economics, Physics, Chemistry, etc)
- iv. Degree awarded: _____
 - i. (e.g. B.Sc. Upper 2nd Class Honours)
- v. Date awarded: _____

b) SECOND DEGREE:

- vi. University attended: _____
- vii. Dates attended: _____
- viii. Field of study: _____
 - i. (e.g. History, Economics, Physics, Chemistry, etc)
- ix. Degree awarded: _____
 - i. (e.g. B.Sc. Upper 2nd Class Honours)
- x. Date awarded: _____

c) OTHER DEGREES/DIPLOMA (where applicable):

d) RESEARCH EXPERIENXE (if any)

(List of publications, research reports, dissertation, thesis etc). attach separate sheet if necessary.





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e) EMPLOYMENT RECORD:

Position	Place of Employment	Date of Employment (From – To)	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

f) What languages do you speak?

SECTION C

4. THE HIGHER DEGREE APPLIED FOR:

- i. Name of degree: _____
- ii. Faculty/School: _____
- iii. Department: _____
- iv. Campus: eCampus Kisumu City Campus Homa-Bay Main Campus
- v. Field of study/programme: _____
- vi. Mode of study: eLearning School-Based Full-time School-Based Part-time
- vii. Proposed date of commencement of study: ____/____/____
- viii. Expected date of completion: ____/____/____
- ix. Institution where research work is to be done in not at Maseno University:

5. If a doctoral applicant, provide and attach a concept paper (not exceeding 500 words)

6. If a doctoral applicant, indicate if Master’s degree was by coursework and thesis, or coursework and project, or course work only: Coursework and Thesis Coursework and Project Coursework Only

7. Give the title of your master’s degree thesis:

8. Give the title of your master’s degree project:



Maseno University is ISO 9001:2008 Certified



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9. Indicate how you intend to finance your studies:

10. ACADEMIC REFEREES (Request your referees to write confidential report directly to the Director, SGS).
Give names, contacts and designation of two referees.

REFEREE 1

Name, Title and Address: _____

Tel: _____ Fax: _____ Email: _____

REFEREE 1

Name, Title and Address: _____

Tel: _____ Fax: _____ Email: _____

I declare that all statements on this application from and any material filed in support here of are true, correct and complete and all required information has been disclosed. I acknowledge that providing incorrect information or withholding relevant information may result in the University withdrawing any offer of a place and that withdrawal may take place at any stage during the course of study.

Signature of Applicant: _____ Date: ____/____/____

APPLICATION CHECKLIST:

1. Attached original application fee receipt.
2. Attached a passport size photo on each form.
3. Sent reference letters to the Director, SGS.
4. Attached photocopies of both Academic and Professional certificates on each duly completed form.
5. Attached photocopies of your transcripts.
6. For doctoral applicants, attach concept paper.





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SECTION D

TO BE COMPLETED BY THE UNIVERSITY

SGS USE:

OFFICIAL STAMP

RECEIPT OF APPLICATION FORM

Date of receipt: ___/___/___

Name of receiving officer: _____

Signature: _____

Recommendation of the Chair Departmental/Programme Postgraduate Studies Committee:

Accept Reject

Give reasons for Rejecting:

Name of Chair: _____ Signature: _____ Date: ___/___/___

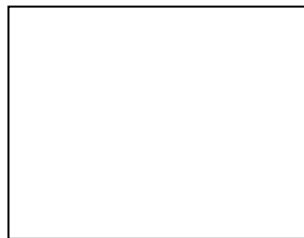
Recommendation of the SGS Board:

Accept Reject

Give reasons for Rejecting:

Registered with effect from: _____

Director SGS: _____ Signature: _____ Date: ___/___/___



OFFICIAL STAMP



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