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UNIVERSITY OF EMBU

APPLICATION FORM FOR ADMISSION TO POSTGRADUATE STUDIES

Details of courses offered and their entry requirements can be obtained from the University website on <http://www.embuni.ac.ke>

NOTE;

1. The form should be typed or completed and copies returned to the Deputy Vice-Chancellor (Academics, Research and Extension), P.O. Box 6 – 60100 Embu.
2. The following should be attached to the application form; (a) original copy of the application fee deposit slip for the payment of the non-refundable application fee of KShs 2000 for East Africans and USD 50 or its equivalent for Non East Africans for Master’s degree programmes and KShs 4000 for East Africans and USD 50 or its equivalent for Non East Africans for Ph.D degree programmes, (b) copies of professional and academic certificates and transcripts, (c) appointment letter (if employed), (d) copy of National Identity Card, and (e) two good quality passport photographs.

SECTION A – Course Application Details

1. Name of postgraduate course applied for.....
2. Field of Study/Specialization.....
3. Department..... School of.....
4. Mode of study (Tick)
 Full time Evening Weekend Open learning Institutional Based
5. Research institute where you will undertake your work if not at this University.....
6. Indicate how you intend to finance your studies.....
7. Name and address of two academic referees

Name	Address
1.....
2.....

SECTION B – Applicant’s Personal Details

1. Names *(in full)*

(Surname)
(First Name)
(Others)

 Postal Address Postal Code Town/City.....
 Constituency..... County..... Country.....



Telephone..... E-Mail

Date of Birth Gender:

Marital Status Nationality Religion

National Identity Card No..... Passport No

2. Name of Next of Kin Relationship

Address Postal Code Town/City Country

Telephone E-Mail

3. Emergency Contact (Name, if different from the above)

Address Postal Code Town/City Country

Telephone E-Mail

4. Do you have any form of disability? YES/NO

If yes, indicate the nature of disability

SECTION C – Institutions Attended by the Applicant and the Qualifications Obtained

List all institutions attended and the qualification obtained starting with the latest:

Institutions Attended	From: (Month and Year)	To: (Month and Year)	Qualification Obtained
i) Academic			
ii) Professional			

Please attach copies of certificates and academic transcripts.

SECTION D – Applicant’s Practical/Work Experience (Where applicable)

List your work experience

From	To	Employer	Designation	Nature of Assignment

SECTION E – Applicant’s Declaration

I declare that the information given 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.

Applicant’s Full Names ID/Passport No

Date Applicant’s Signature

