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| *Written exam:* | *GEE* |  |
| *English Composition* |  |
| *Oral marks* | |  |
| *Interviewer’s initials* | |  |
| *Date* | |  |

**REG. NO.**



**Application to Register as a Graduate Student**

***\*\**** *Please refer to Notes on Application Procedure in the prospectus or on the web at https://www.strathmore.edu/courses/*

**POSTGRADUATE PROGRAMME APPLYING FOR:**

**PLEASE USE BLOCK CAPITALS AND TICK APPROPRIATELY**

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| **1. PROPOSED PROGRAMME DETAILS** | | | | | | | | | | | | | | | | |
| SPECIALIZATION | | CODE | | | | | PROPOSED START DATE | | | | | | FULLTIME/PART-TIME/MODULAR | | | |
| Proposed area of Research (MPhil/PhD Applicants only). Applicants for research degrees should enclose a 1-2 page outline of their proposed research. Your school may ask for a more detailed proposal | | | | | | | | | | | | | | | | |
| **2. PERSONAL DETAILS (If you are a current or previous Strathmore student, please write your ref. number here:** | | | | | | | | | | | | | | | | |
| SURNAME | | OTHER NAMES  DATE OF BIRTH | | | | | | | | | | | | | *Affix passport size photograph* | |
| NATIONALITY |  | | | |  | SEX (M/F) | | RELIGION | | | | MARITAL STATUS | | |  | | |
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| APPLICANTS PERMANENT ADDRESS | | | | | | HOME DISTRICT | | | | | Tel.(Mobile) | | | | Email | |
| APPLICANTS PHYSICAL ADDRESS IN NAIROBI | | | | | | OCCUPATION | | | | | TEL (Off) | | | | Email | |
| FATHER’S/HUSBAND’S/GUARDIAN’S NAME | | | | | | OCCUPATION | | | | | Place of Work | | | | Email | |
| MOTHER’S/WIFE’S/GUARDIAN’S NAME | | | | | | OCCUPATION | | | | | Place of Work | | | | Email | |
| **DISABILITY**: All applications are considered on academic merit in accordance with the University’s commitment to promoting equal opportunities for all applicants. It would assist us in offering you appropriate advice if you would give brief details of any disability or special requirements you have in the space provided below. | | | | | | | | | | | | | | | | |

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| **3. FINANCIAL DETAILS** | | | | | | | | | | | | | | | | |
| **GUARANTEE OF**  **FEE PAYMENT** | Self |  | | Employer |  | Name of person or organization responsible for  paying fees: | | | | | TEL (Res) | | | Fax | | |
|  | Parent |  | | Other |  |  | | | | |  | | |  | | |
| PHYSICAL ADDRESS | | | | | | | | Mailing address in Nairobi | TEL (Off) | | | Email | | | | |
| **4. ACADEMIC QUALIFICATIONS (Only include degree level or equivalent)** This section must be completed even if you attach a separate CV. Please include copies of certificates transcripts and testimonials of grades for studies listed. Please state the name of the qualification in your own country. Continue on a separate sheet if necessary. | | | | | | | | | | | | | | |  |
| **Full Name of Institution** | | | **Dates of Attendance**  **(from/to)** | | | | **Type of Qualification**  **(e. g BBIT (Hons))** | | | **Class of Honours or GPA/ Current %** | | | **Award Date** | |  |
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| **5. PROFESSIONAL QUALIFICATIONS** This section must be completed even if you attach a separate CV. Please include copies of certificates. Continue on a separate sheet if necessary. | | | | | | | | | | | | | | |
| **Full Name of Institution** | | | | **Dates of Attendance**  **(from/to)** | | | **Type of Qualification**  **(e. g BBIT (Hons))** | | | **Class of Honours or GPA/ Current %** | | | **Award Date** | |
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| **6. WORK EXPERIENCE (where relevant)** Continue on a separate sheet if necessary. | | | | |
|  | **Name of Employer** | **Dates of Employment** | **Brief description of work and responsibility** |  |
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| **7. ENGLISH LANGUAGE** If English is not your first language, any offer of a place may be conditional on proof of proficiency in English. If you have taken a test of English Language, please supply the information below and enclose certificates where available. | | | | |
| Test taken & score |  | Date |  |  |
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| **8. REMOTE STUDIES** Do you intend to be ordinarily resident in a location remote from Strathmore University campuses during periods of your study? | | | |
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| Proposed location of remote studies |  | |  |
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| For what periods would you be available to attend Strathmore University? | |  |  |
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| 1. **Have you already been engaged in research activities (thesis or papers), please state them below. If you need additional space you can attach a separate sheet of paper that clearly states your name. You are strongly encouraged, if available, to submit a thesis or paper.** 2. **Intended Research Project:**   **Proposed Title of Research:**  **Aims of the investigation:**  **Plan of work:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 1. **REFERENCES: Enclose** two academic references and give names and addresses of your referees below. | | | | | | | | | | | | |
| **Referee 1** | | | | | | **Referee 2** | | | | | | |
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|  | | | | | | | | | | | | |
| Telephone | | Fax | | | | Telephone | | Fax | | | |  |
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| Email | |  | | | | Email | |  | | | |  |
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| 1. **Please indicate how you found out about the graduate programme for which you are applying.** | | | | | | | | | | | | |
| Prospectus | | | Website | | Colleague/friend  Advertisement/Exhibition-Please state | | | | | | | |
| Other – Please state | | |  | | | | | | | | |  |
| **Please indicate which other universities/institutions you have applied to** | | | | | | | | | | | | |
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| 1. **DATA** PROTECTION The University requires the information on this form for Education purposes and your personal data will be processed in accordance with the University’s registration and current data protection legislation. | | | | | | | | | | | | |
| 1. DECLARATION | | | | | | | | | | | | |
| Criminal Convictions | | | | | | | | | | | | |
| Please state whether or not you have any criminal convictions, excluding motoring offences. If you indicate “YES” you may be required to provide details to the University. | | | | | | | | | | | YES/NO |  |
| I confirm that the particulars given in this form are to the best of my knowledge and belief correct, and that, if admitted to the University, I shall abide by the Statutes and Regulations of the University. | | | | | | | | | | | | |
| Applicant’s signature | | | |  | | | | | Date |  | |  |
|  | | | | | | | | | | | | |

**Please return the completed form to:**

**Office of Graduate Studies**

**Strathmore University**

**Ole Sangale Road, Madaraka Estate**

**P O Box 59857, 00200 City Square**

**Tel: +254 (0) 703034000/ 0703034200/ 0703034300, Ext. 2258/ 2497**

**Nairobi, Kenya**

**Email:** [**graduatestudies@strathmore.edu**](mailto:graduatestudies@strathmore.edu)

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| 1. **FOR OFFICIAL USE** | | | | |
| Recommendation by Faculty Dean (Ad*mit/ reject/pending*)  Dean Faculty signature  Recommendation by Director of Graduate Studies (Ad*mit/ reject/pending*)  Director of Graduate signature |  | Date  Date |  |  |
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