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**JOMO KENYATTA UNIVERSITY**  
**OF**  
**AGRICULTURE AND TECHNOLOGY**  
**GRADUATE SCHOOL**

**APPLICATION FORM FOR ADMISSION FOR POSTGRADUATE STUDIES**

NOTES:

- (i) Three (3) copies of this form for PhD, MSc and PGD (Postgraduate Diploma) Courses should be completed and returned to the relevant Campus/ Center or to the *School, Jomo Kenyatta University of Agriculture and Technology, P.O. Box 62000, 00200 NAIROBI*
- (ii) This form should be typed or completed in **BLOCK LETTERS**

**SECTION A: PERSONAL DETAILS**

1. Name: (Mr., Mrs., Miss., Ms.).....  
(Surname)

.....  
(First Name) (Other Names)

2. Gender.....

3. Employer.....

4. Address.....

5. Telephone No.....Mobile No.....  
Email.....

6. Date of Birth.....

7. Nationality.....

8. Identity Card No/ Passport No .....

9. Religion.....

10 Next of Kin: Name Tel. Contact  
Relationship

**SECTION B: ACADEMIC QUALIFICATIONS**

10. University education and qualifications obtained (*state the dates you attended the University/ Institution, the qualifications obtained, including classification e.g. First or Upper Second Class Honours*). You should attach copies of the degree certificates and academic transcript showing the grades obtained in each course.

- (a) First Degree
  - (i) University attended .....
  - (ii) Dates attended.....
  - (iii) Field of Study.....
  - (iv) Degree awarded .....
  - (v) Date awarded.....
- (b) Second Degree (where applicable)
  - (i) University attended .....
  - (ii) Dates attended.....
  - (iii) Field of Study.....
  - (iv) Degree awarded .....
  - (v) Date awarded.....
- (c) Additional qualifications (Colleges/ Institutions/ Certificates/ List of publications)  
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11. Employment and Research experience (if any)  
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**SECTION C: COURSE DETAILS**

12. The postgraduate course applied for:
- (a) Name of degree .....
  - (b) Specialization/Field of Study.....
  - (c) Full-time / part-time (Select as appropriate)
  - (d) Method of study: (choose one by deleting appropriately below)
    - (i) By coursework, examination & project
    - (ii) By coursework, examination & thesis
    - (iii) By research and thesis only
  - (e) Department .....
  - (f) School.....
  - (g) Proposed date of commencement of study .....
  - (h) Expected date of completion .....

13. Signature of Applicant.....  
Date.....

**SECTION D: FOR PHD STUDENTS ON RESEARCH AND THESIS ONLY**

14. Recommendation by supervisors:

- (i) First supervisor .....  
.....  
.....  
Name.....  
Signature.....  
Date.....
- ii) Second supervisor.....  
.....  
.....  
Name .....  
Signature .....  
Date .....
- ii) Third supervisor (Where necessary).....  
.....  
.....  
Name .....  
Signature .....  
Date .....

**SECTION D: UNIVERSITY OFFICIALS ONLY**

15. Recommendation by the Department Postgraduate Committee. (Enter below ACCEPT or REJECT as may be applicable).....  
.....

Name of Chairman: .....  
Signature:.....  
Department of:.....  
Date .....

16. Recommendation by the School / Institute Postgraduate Studies Committee (Enter below ACCEPT or REJECT as may be applicable)  
.....  
.....

Name of Dean of school / Director of Institute: .....  
Signature: .....  
School / Institute.....  
Date .....

Recommendation by the Graduate School (Enter below ACCEPT or REJECT as may be applicable)  
.....  
.....  
.....

Name of Director: .....  
Signature: .....  
Date .....