

EGERTON

UNIVERSITY



Tel: Pilot: 254-51-2217620
Others: 254-51-2217877
254-51-2217631
Dr-Line/Fax: 254-51-2217847
Cellphone: 254-727-014034

AFFIX YOUR RECENT
PASSPORT SIZE
PHOTOGRAPH ON
EACH FORM

BOARD OF POST GRADUATE STUDIES APPLICATION FOR ADMISSION INTO POSTGRADUATE STUDIES

Notes:(1) Complete this form in duplicate and return to the Director (Board of Post Graduate Studies),
Egerton University, P.O. BOX 536-20115, EGERTON, NJORO, KENYA.

(2) Type or print in block letters.

APPLICATION FOR POST GRADUATE DIPLOMA (PGD)

SECTION A: (PERSONAL DETAILS)

1. Name:
(Last/Surname) (Other names in full)

2. National ID No:or Passport No:

3. Current/Postal Address:
.....
Telephone:email

4. Home Address (if different from 3 above):
.....
Telephone:

5. Date of Birth: 6. Place of Birth:

7. Country of Citizenship:8. Sex:

9. Marital Status:10. Religion:

Next of Kin: Telephone:

11. Area of specialization/Major Programme (Specialization) applied for e.g. PGD (Education):
.....

Department:Faculty:Institute:School:

Mode of study: Full time Part time

12. How are your Studies to be financed? (Mark X in the appropriate box):

Self financed Scholarship

Name of Sponsor:email:

Address:Telephone:

SECTION B(ACADEMIC QUALIFICATIONS)

13. Previous Education (Enclose certified copies of Certificates and Transcripts):

Dates From /To	Name & Address of Institution	Field/Subjects Studied	Qualifications Obtained
1.....to.....	(a) Secondary		
2.....to.....			
3.....to.....			
1.....to.....	(b) Post Secondary/University		
2.....to.....			
3.....to.....			

