

Tel: 254-057-351620, 351622	Private Bag	
Ext. 3049/351468	MASENO	
AFFIX PASSPORT SIZE PHOTO	www.maseno.ac.ke	

POST GRADUATE APPLICATION FORM FOR POST GRADUATE PROGRAMMES: E-CAMPUS

SECTION A

NOTE:

- i. That THREE (3) copies of this form should be sent by courier to the DIRECTOR E-CAMPUS, MASENO UNIVERSITY, VARSITY PLAZA 10TH FLOOR, WING A. P.O. BOX 3275-40100, KISUMU.
- ii. That the form should be typed or completed in block letters.
- iii. All applicants must attach copies of their certificates/transcripts and a copy of their Identity Card/Passport.
- iv. That only successful candidates will be contacted.
- v. 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:	/ <u> </u>	
	Day Month Year	
Gender:	☐Male ☐Female	
Marital Status:	☐Single ☐Married	
Citizenship:		
ID/Passport No:		
Telephone:		
Email:		
Fax:		
Current Address:		
Permanent Address: (if di	fferent from the current address)	





SECTION B

	EGREE:
	versity attended:
	es attended:
iii. Field	i. (e.g. History, Economics, Physics, Chemistry, etc)
iv. Deg	ree awarded:
iv. Dog	i. (e.g. B.Sc. Upper 2 nd Class Honours)
v. Date	e awarded:
h) ecconi	DECREE.
vi. Univ	versity attended:
	· · · · · · · · · · · · · · · · · · ·
	es attended: d of study:
VIII. 1 1010	i. (e.g. History, Economics, Physics, Chemistry, etc)
ix. Deg	ree awarded:
- 3	i. (e.g. B.Sc. Upper 2 nd Class Honours)
x. Date	e awarded:
c) OTHER	DEGREES/DIPLOMA (where applicable):





e) EMPLOYMENT RECORD: Position		Place of Employment	Date of Employment (From – To)
f) Wh	nat languages do you spo	eak?	
		SECTION C	
4. THE	HIGHER DEGREE APPLI	ED FOR:	
	Master of Science in Qua	antitative Research Methods	
	Post Graduate Diploma	in Education	
		Epidemiology and Population Heal	
_		Management of Health Systems & Health Promotion and International	
	``	Health Promotion and International Educational Administration	neal(n)
	Master of Science in Eco		
	5	Planning and Management	
	Master of Arts in Monitor	ing and Evaluation	
	Master of Arts in Social I	Development and Management	
	Master of Arts in Social F	olicy	
	Master of Science in Hos	pitality Management	
	Master of Science in Tou	rism Management	
i.	Proposed date of comme	encement of study:/	<u> </u>
ii.	Expected date of comple	etion:/_/	<u>-</u>
iii.	Institution where researc	h work is to be done in not at Mas	eno University:
5. If a d	doctoral applicant, provid	le and attach a concept paper (r	ot exceeding 500 words)
6. If a c	doctoral applicant, indicate	if Master's degree was by coursev	vork and thesis, or coursework and project, or
course	work only: Course	ework and Thesis Cou	rsework and Project





7. Give the title of your master's degree thesis:				
8. Give the title of your master's degree project:				
9. Indicate how	you intend to finance your	studies:		
of Graduate S	REFEREES (Request your retudies – sqs@maseno.ac.		Pirector, School	
REFEREE 1 Name, Title and	Address:			
Tel:	Fax:	Email:		
REFEREE 2 Name, Title and	Address:			
Tel:	Fax:	Email:		
complete and a withholding relev	II required information has b	on from and any material filed in support here of are een disclosed. I acknowledge that providing incorre the University withdrawing any offer of a place and that of study.	ect information or	
Signature of App	olicant:	Date://		

APPLICATION CHECKLIST:

Please ensure that you have done the following:

- 1. Attached a passport size photo on each form.
- 2. Sent reference letters to the Director, School of Graduate Studies, Maseno University, Private Bag MASENO.
- 3. Attached photocopies of both Academic and Professional certificates on each duly completed form.
- 4. Attached photocopies of your transcripts.
- 5. For doctoral applicants, attached Concept Paper.



NOTE: Once your application is received at the eCampus and confirmed as complete, it will be forwarded to the Office of the Director, School of Graduate Studies for further action.

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 Department 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