



# ST. PAUL'S UNIVERSITY

## BOARD OF POSTGRADUATE STUDIES

### APPLICATION FOR POSTGRADUATE PROGRAMMES

Private Bag 00217 LIMURU, KENYA  
 Email: [postgraduatestudies@spu.ac.ke](mailto:postgraduatestudies@spu.ac.ke)  
 Website: [www.spu.ac.ke](http://www.spu.ac.ke)

Tel Office: +254 (0)20 – 2020505/10  
 Mobile: +254 (0)728 - 669000  
 +254 (0)736 - 424440  
 +254 (0)728 - 062420

#### PROCEDURE

This form should be typed or completed in BLOCK LETTERS and returned to Director, Postgraduate Studies, St. Paul's University, P.O. Private Bag, 00217 Limuru. Email [postgraduatestudies@spu.ac.ke](mailto:postgraduatestudies@spu.ac.ke) or [admissions@spu.ac.ke](mailto:admissions@spu.ac.ke).

#### ATTACH THE FOLLOWING:

1. Copies of academic professional certificates and transcripts
2. Copy of national identity card/passport
3. Referee letters: Academic, professional and religious
4. Proof of payment for application fee of Ksh.3,000 to be paid through **National Bank of Kenya Account No. 01021091200100** or **Co-operative Bank of Kenya Account No. 01129475096600**. (Graduates of St. Paul's University are exempted)
5. 3 passport size photos
6. **Foreign Students or Kenyan's** who have **foreign qualifications** need to apply to Kenya National Qualifications Authority (**KNQA**) for recognition and equation of their qualifications before admission.
7. "I consent that the data provided in this form can be processed in accordance with the Data Protection Act No. 24 of 2019, the Data Protection (General) Regulations, 2021, and associated legislation".

#### SECTION A: PERSONAL DETAILS

i. Your Surname:		ii. Other names:	
iii. Date of Birth:	iv. Age:	v. County of Birth	
vi. Country of Citizenship:		vii. Gender:	
viii. Nationality:		ix. ID Number/ Passport number:	
x. Address for Correspondence (address, code & town):			
xi. Residential Address (if different from above):			
xii. Mobile No:		xiii. Your email:	



**SECTION D: CURRENT EMPLOYMENT AND REFEREES**

Please give details of your current employment, this information will be used to assess your relevant experience

Company/Organisation/Employer Name:	Title:
Date of Commencement:	Full time/ part time
Key Responsibilities:	
Accomplishments:	

**Academic referee** (*The referee must have taught in the undergraduate, post-graduate or professional programmes*)

Name:	Position:
Telephone No.	Email address:
Postal address:	Fax:

**Religious referee**

Name:	Position:
Telephone No.	Email address:
Postal address:	Fax:

**Professional referee**

Name:	Position:
Telephone No.	Email address:
Postal address:	Fax:

**SECTION E: PAYMENT OF FEES**

i. How do you plan to fund your studies? *Please tick (✓) appropriately*

Self-sponsored ( )      Sponsored ( )

ii. Name of sponsor \_\_\_\_\_

*(It is your responsibility to deal with your sponsor and not the university. The sponsor can write to the University for Clarifications.)*

**SECTION F: IF YOU WERE REFERRED BY A CURRENT STUDENT KINDLY FILL IN THE DETAILS BELOW:**

Student's Name:	_____
Admission Number:	_____
Contact details:	_____

**DECLARATION AND SIGNATURE**

If admitted to St Paul's University, Limuru I acknowledge that I am responsible to pay all the required fees and abide by the regulations of the programme am admitted to.

I hereby certify to the best of my knowledge all the information provided on this form is correct and complete and, if admitted, I shall abide by the Rules and regulations of St Paul's University.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY****Head of Department**

Accept ( ) Reject ( )

Reason for rejection: \_\_\_\_\_

Signature of HOD \_\_\_\_\_ Date: \_\_\_\_\_

**Faculty Dean**

Accept ( ) Reject ( )

Reason for rejection: \_\_\_\_\_

Signature of Dean \_\_\_\_\_ Date: \_\_\_\_\_

**Director, BPS**

Accept ( ) Reject ( )

Reason for rejection: \_\_\_\_\_

Signature of Director BPS \_\_\_\_\_ Date: \_\_\_\_\_