ST. PAUL'S UNIVERSITY

BOARD OF POSTGRADUATE STUDIES
APPLICATION FOR PhD PROGRAMMES

Private Bag 00217 LIMURU, KENYA
Email: postgraduatestudies@spu.ac.ke
Website: www.spu.ac.ke

Tel Office: +254 (0)20 – 2020505/10
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+254 (0)736 - 424440
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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 or 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.3000 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

_____

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. Telephone No:	xiii. Mobile No:
xiv. Name of next of kin	xv. Relationship to next of kin:

xvi. Tel no of next of kin:	xvii. Email Address of next of kin:

xviii.   Religious affiliation/ Denomination

_____

xix. Do you have any form of disability or special needs? If yes, please indicate

_____

SECTION B: PROGRAMME DETAILS

i. Name of Programme applied for_____

ii. Preferred date of commencement of studies _____   _____
                                                                    Month   *Year*

iii. Mode of study: *(Tick (✔) appropriately)*

Limuru campus: Regular (   ) Evening (   ) Modular (   )

Nairobi campus: Regular (   ) Evening (   )

Machakos campus: Regular (   ) Evening (   ) Weekend (   )

Nakuru campus: Regular (   ) Evening (   ) Weekend (   )

SECTION C: ACADEMIC QUALIFICATIONS:

List the academic qualifications which you have been awarded since completing your secondary education.

QUALIFICATIONS (Degree and high school certificates)	AWARDING INSTITUTION	YEAR OF COMPLETION	GRADES OBTAINED/CLASSIFICATION

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 for and undertake to pay all the required fees and abide by the regulations of the programme am admitted to.

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

    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:_____