



ST. PAUL'S UNIVERSITY

BOARD OF POSTGRADUATE STUDIES

APPLICATION FOR POSTGRADUATE PROGRAMMES

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

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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.

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:	

xiv. Name of next of kin	xv. Relationship to next of kin:
xvi. Tel no of the next of kin:	xvii. Email Address of the next of kin:

xviii. Religious affiliation/ Denomination

STUDENT DISCLOSURE OF DISABILITY

The University has a responsibility to provide all students with equal rights to participate in education and to be treated with dignity in a supportive learning environment. The University assists students with disabilities and/or significant health conditions to complete all University learning activities within the context that the interests of all parties affected are balanced and risks minimized. All of the University's programmes and courses are available to people living with disability and/or significant health conditions, unless a reasonable accommodation cannot be made that maintains the academic, clinical and professional requirements of the Programme/Course detailed in the Programme Learning Outcomes (PLOs) or will cause unjustifiable hardship to the University.

St. Paul's University asks students to disclose relevant information about circumstances that may impact on their capacity to undertake their studies and for the purpose of making reasonable adjustments.

Do you have any disability? Yes [] No [] If yes state nature of disability _____

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 () Weekend ()

Nairobi campus: Regular () Evening ()

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, I acknowledge that I am responsible to pay all the required fees and abide by the regulations of the programme I 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 _____

CONSENT FOR DATA SHARING WITH GUARDIANS/PARENTS

I, _____, hereby consent to the sharing of my personal data with my guardians/parents when necessary regarding my academic progress, events, emergencies, and other relevant educational matters as appropriate.

I understand that I have the right to withdraw this consent at any time by contacting the Academic Registrar at registrar-academics@spu.ac.ke

Signature _____ Date _____

DATA USAGE STATEMENT

Your personal data provided in this admission application form will be used by St. Paul's University for the following purposes:

1. **Admission and Enrollment:** Processing your application and facilitating enrollment.
2. **Academic Administration:** Managing student records, assessment, and grading.
3. **Communication:** Sending updates, event invitations, and academic information.
4. **Research and Analysis:** Improving programmes and services through research and analysis.
5. **Compliance:** Meeting legal, regulatory, and institutional requirements.
6. Applicants are informed that the University uses proctoring software for online examinations to maintain integrity. This software collects personal data, including name, student ID, audio video and screen captures, solely for identity verification and exam monitoring. The University prioritizes data protection and adheres to strict security measures. By participating in online exams, students consent to the collection and processing of their personal data according to our privacy policy.

Your data will be stored securely and accessed only by authorized personnel. We do not disclose personal information to third parties without consent, except where required by law. By submitting this form, you acknowledge and consent to the use of your personal data as described. Contact our Academic Registrar at registrar-academics@spu.ac.ke for any concerns

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: _____