



ST. PAUL'S UNIVERSITY

BOARD OF POSTGRADUATE STUDIES APPLICATION FOR POSTGRADUATE PROGRAMMES

Private Bag 00217 LIMURU, KENYA
Email: postgraduatestudies@spu.ac.ke
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Tel Office: +254 (0)20 – 2020505/10
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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 () Distance Learning ()

Nairobi campus: Regular () Evening () Distance Learning ()

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

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

SECTION C: ACADEMIC QUALIFICATIONS:

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

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

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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: _____