



MASENO UNIVERSITY

**OFFICE OF THE DIRECTOR, SCHOOL OF GRADUATE STUDIES**

Tel: 254-057-351620, 351622  
Ext. 3049/351468

Private Bag  
MASENO  
[www.maseno.ac.ke](http://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 10<sup>TH</sup> 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

Gender:  Male  Female

Marital Status:  Single  Married

Citizenship: \_\_\_\_\_

ID/Passport No: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Current Address: \_\_\_\_\_

Permanent Address: (if different from the current address)

\_\_\_\_\_  
\_\_\_\_\_



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**SECTION B**

**2. SECONDARY/HIGH SCHOOL(S) ATTENDED:**

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**3. UNIVERSITY EDUCATION OR EQUIVALENT QUALIFICATIONS OBTAINED:**

State the dates you attended University and the degrees you obtained including the classification. (Attach copies of the certificates and academic transcripts showing the grades obtained in each course).

**a) FIRST DEGREE:**

- i. University attended: \_\_\_\_\_
- ii. Dates attended: \_\_\_\_\_
- iii. Field of study: \_\_\_\_\_
  - i. (e.g. History, Economics, Physics, Chemistry, etc)
- iv. Degree awarded: \_\_\_\_\_
  - i. (e.g. B.Sc. Upper 2<sup>nd</sup> Class Honours)
- v. Date awarded: \_\_\_\_\_

**b) SECOND DEGREE:**

- vi. University attended: \_\_\_\_\_
- vii. Dates attended: \_\_\_\_\_
- viii. Field of study: \_\_\_\_\_
  - i. (e.g. History, Economics, Physics, Chemistry, etc)
- ix. Degree awarded: \_\_\_\_\_
  - i. (e.g. B.Sc. Upper 2<sup>nd</sup> Class Honours)
- x. Date awarded: \_\_\_\_\_

**c) OTHER DEGREES/DIPLOMA (where applicable):**

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**d) RESEARCH EXPERIENCE (if any)**

(List of publications, research reports, dissertation, thesis etc.). Attach separate sheet if necessary.

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**e) EMPLOYMENT RECORD:**

<b>Position</b>	<b>Place of Employment</b>	<b>Date of Employment (From – To)</b>	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**f) What languages do you speak?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION C**

**4. THE HIGHER DEGREE APPLIED FOR:**

- Master of Science in Quantitative Research Methods
- Post Graduate Diploma in Education
- Master of Public Health
- Master of Arts in Project Planning and Management
- Master of Arts in Monitoring and Evaluation
- Master of Arts in Social Development and Management
- Master of Arts in Social Policy
- Master of Education in Educational Administration
- Master of Science in Supply Chain Management
- Master of Science in Tourism Management
- Master of Science in Hospitality Management
- Master of Science in Ecotourism Management

- i. Proposed date of commencement of study: \_\_\_\_/\_\_\_\_/\_\_\_\_\_
- ii. Expected date of completion: \_\_\_\_/\_\_\_\_/\_\_\_\_\_
- iii. Institution where research work is to be done in not at Maseno University:

\_\_\_\_\_

\_\_\_\_\_

**5. If a doctoral applicant, provide and attach a concept paper (not exceeding 500 words)**

\_\_\_\_\_

\_\_\_\_\_

6. If a doctoral applicant, indicate if Master's degree was by coursework and thesis, or coursework and project, or course work only:  Coursework and Thesis  Coursework and Project  Coursework Only



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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:

\_\_\_\_\_

\_\_\_\_\_

10. **ACADEMIC REFEREES** (Request your referees to write confidential report directly to the Director, School of Graduate Studies – [sgs@maseno.ac.ke](mailto:sgs@maseno.ac.ke)).

Give names, contacts and designation of two referees.

**REFEREE 1**

Name, Title and Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**REFEREE 2**

Name, Title and Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I declare that all statements on this application from and any material filed in support here of are true, correct and complete and all required information has been disclosed. I acknowledge that providing incorrect information or withholding relevant information may result in the University withdrawing any offer of a place and that withdrawal may take place at any stage during the course of study.

Signature of Applicant: \_\_\_\_\_ 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.



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**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 Departmental/Programme Postgraduate Studies Committee:**

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**



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