



P.O. Box 1100-20300,  
NYAHURURU,  
KENYA

TEL: 0202671779; 0202671771  
Cell: +254 (0)729285902, 729281902  
raa@laikipia.ac.ke; [www.laikipia.ac.ke](http://www.laikipia.ac.ke)

Affix  
passport  
size photo

**OFFICE OF THE DIRECTOR GRADUATE SCHOOL**

**APPLICATION FORM FOR ADMISSION INTO POSTGRADUATE STUDIES (PHD)**

**INSTRUCTIONS FOR PRINTING: TO ENSURE THAT THE WHOLE PAGE IS PRINTED SET THE PRINTER PAGE SETTING TO SIZE A4**  
**NOTES:**

- (i) This form should be typed or completed in **BLOCK LETTERS** and returned to:  
**The Director, Graduate School, Laikipia University, P.O. Box 1100 – 20300, NYAHURURU**
- (ii) This form must be accompanied with a proposal in the area of intended study
- (iii) Please enclose CV
- (iv) Attach certified copies of your Result Slip, Certificate, Transcripts and a copy of your **National ID Card**
- (vi) Attach **ORIGINAL** receipt for **Kshs. 2000** application fee.
- (vii) Attach two passport size photos.

**Payments may be made by bankers' cheque payable to Laikipia University or banked in any of the following banks:**

Bank	Kenya Commercial Bank	Co-operative Bank of Kenya	Equity Bank
Account Name	Laikipia University	Laikipia University	Laikipia University
Account Number	1101909080	01129501778000	0160295840456

**SECTION A: (PERSONAL DETAILS)**

1. Name:

.....  
(Last/ Surname) (Other names in full)

2. National ID. No. / Passport No.: .....

3. Current/ Postal Address.....

Telephone:.....e-mail.....

4. Home Address (if different from 3 above): .....

5. Date of Birth: .....6. Place of Birth.....

7. Country of Citizenship:..... 8. Sex.....

9. Marital Status:.....10. Religion:.....

Next of kin:.....Telephone:.....

11. Area of specialization/ Major

**Programme (Specialization) applied for e.g. MBA, Med:**

.....

Department:.....Faculty:.....Institute:.....School:.....

Mode of Study: Full time  Part time

12. How are your studies to be financed? (Mark X in the appropriate box):

Self-financed  Scholarship

Name of Sponsor:.....email.....

Address:.....Telephone:.....

13. Previous Education (Enclose certified copies of certificates and Transcripts):

Dates From/To	Name & Address of Institution	Field/Subjects Studied	Qualifications Obtained
.....to.....	<b>(a) Secondary</b>		
.....to.....	<b>(b) Post-Secondary/University</b>		
.....to.....			

14. Employment (Enclose Curriculum Vitae):

Dates From/To	Name & Address of Employer.	Exact description of your duties/Teaching subjects:
.....to.....		

.....to.....		
.....to.....		

15. Indicate which campus you intend to pursue your studies (Main)

.....

16. Academic referees, one must have taught you at Post-Secondary/University Level.

(a) Name.....

Designation.....

Address.....

Telephone number..... E-mail.....

(b) Name.....

Designation.....

Address.....

Telephone number..... E-mail.....

(c) Name.....

Designation.....

Address.....

Telephone number..... E-mail.....

**Applicant's Signature.....Date.....**

**SECTION C (FOR OFFICIAL USE ONLY)**

**17. Recommendation from the department:**

(a) Forwarded to the department of .....Date.....

(b) Recommendation of the department: Accepted  Rejected

(c)

Comments:.....

.....

Chairman's/Chairperson's Signature:..... Date:.....

**18. Recommendation of the Faculty:**

(a) Forwarded to the Dean of Faculty of .....Date.....

(b) Recommendation of the Faculty: Accepted Rejected

(c) Comments:.....  
.....  
.....

Dean's Signature:..... Date:.....

**19. Recommendation from Graduate School**

(a) Forwarded to the Graduate School: Date.....

(b) Recommendation of the Director: Accepted  Rejected

(c) Comments:.....  
.....

Director's Signature:..... Date:.....

**20. Admission by Registrar (AA)**

(a) Forwarded to the Registrar (AA): Date.....

(b) Approval by Registrar (AA) Accepted  Rejected

(c) Comments:.....  
.....  
.....

(d) Registrar (AA)'s Signature:..... Date:.....