



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

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Affix  
passport  
size photo

**OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)  
BOARD OF POSTGRADUATE STUDIES**

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

**NOTES:**

- (i) This form should be typed or completed in **BLOCK LETTERS** and returned to:  
**The Registrar (AA) Laikipia University, P.O. Box 1100 – 20300, NYAHURURU**
- (ii) Attach certified copies of your Result Slip, Certificate, Transcripts and a copy of your **National ID Card**
- (iii) Attach **ORIGINAL** receipt for **Kshs. 2000** application fee.
- (iv) Attach two passport size photos.  
**Payments may be made by bankers' cheque payable to Laikipia University or banked in any of the following banks:**

Co-operative Bank of Kenya: Account Name: Laikipia University

**Account Number: 0112925576702**

Kenya Commercial Bank: Account Name: Laikipia University

**Account Number: 1101909080**

Equity Bank: Account Name: Laikipia University

**Account Number: 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. PGDE:** .....

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

Mode of Study: Full time  Part time  Open &Distance Learning

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
1.....to.....	<b>(a) Secondary</b>		
2.....to.....			
3.....to.....			
1.....to.....	<b>(b) Post Secondary/University</b>		
2.....to.....			
3.....to.....			

14. Post Secondary/University programme(s) attended but not completed:

<b>Dates</b>	<b>Programmes</b>	<b>Institution</b>	<b>Reasons for not completing</b>
1.....to.....			
2.....to.....			
3.....to.....			

15. Employment (Enclose Curriculum Vitae):

<b>Dates From/To</b>	<b>Name &amp; Address of Employer.</b>	<b>Exact description of your duties/Teaching subjects:</b>
1.....to.....		
2.....to.....		
3.....to.....		

16. Indicate which campus you intend to pursue your studies (Laikipia, Nyahururu, Nairobi, Naivasha, and Maralal)

17. 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)**

18. 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:.....

19. 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:.....

20. Recommendation of Board of Post graduate Studies (BPGS):

(a) Forwarded to the Board of Post graduate Studies: Date.....

(b) Recommendation of the BPGS: Accepted  Rejected

(c) Comments:.....

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



**OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)**

**BOARD OF POSTGRADUATE STUDIES**

**Ref:**.....

**Date:**.....

**REFEREE'S CONFIDENTIAL REPORT**

**SECTION A: (To be completed by the candidate).**

1. NAME OF CANDIDATE (Surname first and other names in full):

.....

MAIDEN NAME IF APPLICABLE:

.....

2. DEGREE APPLIED FOR: .....

3. DEPARTMENT/FACULTY/INSTITUTE/SCHOOL TO WHICH THE APPLICATION IS

BEING MADE: .....

4. FIELD OF STUDY.....

.....

**SECTION B: (To be completed by the Referee)**

5. FOR HOW LONG AND IN WHAT CAPACITY HAVE YOU KNOWN THE CANDIDATE?

.....

6. PLEASE RATE THE CANDIDATE ON THE CHARACTERISTICS LISTED BELOW

	Excellent	Very Good	Good	Average	Below Average	Unable to assess
Intellectual Capacity						
Capacity for persistence and independent study						
Ability for initiative and Imaginative thought						
Promise of Productive Scholarship						
Quality and quantity Of previous work						
Oral and Written Expression in English						

7. ON THE FOLLOWING SCALE, PLEASE RANK THE CANDIDATE AMONG THE STUDENTS YOU HAVE KNOWN

Top 10%    
  Top 25%    
  AVERAGE    
  BELOW AVERAGE

8. COMMENT FREELY ON THE CANDIDATE: (Use additional Sheet if necessary)

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.....

.....

9. NAME OF REFEREE (in block capitals):

.....

OFFICIAL STATUS: \_\_\_\_\_ INSTITUTION \_\_\_\_\_

ADDRESS: .....

TELEPHONE: ..... Email: .....

**N.B. The Referee should return the completed form directly to:**

**The Director,  
 Board of Postgraduate Studies  
 Laikipia University,  
 P. O. Box 1100- 20300  
 NYAHURURU, KENYA.**