



STRATHMORE UNIVERSITY

SCHOOL OF GRADUATE STUDIES

Application to Register as a Post Graduate Student for Master's of Arts in Philosophy and Ethics (MAPE)

Affix passport size
photograph

Refer to Application Procedure at <http://www.strathmore.edu/sgs/admissions>

PLEASE USE BLOCK CAPITALS AND TICK APPROPRIATELY

1. PERSONAL DETAILS (If you are a current or previous student, please write your student's number here:)

SURNAME		OTHER NAMES				
<input type="text"/>		<input type="text"/>				
NATIONALITY	ID/PASSPORT NO	DATE OF BIRTH	DISTRICT	RELIGION/DENOMINATION	GENDER	MARITAL STATUS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
APPLICANTS POSTAL ADDRESS		OCCUPATION	Tel.(Cell)		Email	
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	
SPOUSE, GUARDIAN/ NEXT OF KIN'S POSTAL ADDRESS		OCCUPATION	Tel.(Cell)		Email	
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	

DISABILITY: All applications are considered on academic merit in accordance with the University's commitment to promoting equal opportunities for all applicants. It would assist us in offering you appropriate advice if you would give brief details of any disability or special requirements you have in the space provided below.

2. FINANCIAL DETAILS

GUARANTEE OF FEE PAYMENT Self Parent Employer Other

Person /organization responsible for paying fees *Physical Address* *Postal Address*

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Office Phone</i>	<i>Mobile Phone</i>	<i>Email</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. ACADEMIC AND PROFESSIONAL QUALIFICATIONS e.g. B Econ (Honors), ACCA Fellow. Attach copies of your certificates and academic transcripts.

Full Name of Institution	Dates of Attendance (from/to)	Type of Qualification and category; e. g BBIT (Hons), CPA	Award Date

4. WORK EXPERIENCE (where relevant). Continue on a separate sheet if necessary.

Name of Employer	Dates of Employment	Brief description of work and responsibility

5. RESEARCH EXPERIENCE If you have been involved in research activities (thesis, papers) please indicate it below. If you need more space you can attach the documents to the form and include a copy, if practicable.

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6. ENGLISH LANGUAGE If English is not your first language any offer of a place may be conditional on proof of proficiency in English. If you have taken a test of English Language, please supply the information below and enclose the certificates.

Tests take	Date	Score

7. REFERENCES You are required to enclose two references and give the names and addresses below.

Name	Postal Address	Email

8 INFORMATION Please indicate how you came to know about this course

Press Exhibition Website Friend/ Colleague Other (specify)

9. Other Applications: Please indicate if you have applied to other universities or institutions for similar courses

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10 DECLARATION

I certify that the particulars given in this form are to the best of my knowledge true and complete, and that, I understand that any false statement or any required information withheld from this form may provide grounds of the withdrawal of admission to the program. If admitted to the University, I shall abide by the Statutes and Regulations of the University.

CRIMINAL CONVICTIONS. Please indicate whether you have any criminal convictions, excluding motoring offenses. If you indicate yes you may be required to give details to the univer YES NO

Applicant's signature Date.....

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Please return the completed form to: School of Graduate Studies
Strathmore University
P O Box 59857,00200 City Square
Nairobi, Kenya
Email: admissions@strathmore.edu

FOR OFFICIAL USE ONLY

REG. NO

Written exam:	GEE	
	English Composition	
Oral marks		
Interviewer's initials		
Date		

Recommendation (Admit / reject / pending)

Faculty Dean

signature

date

Recommendation (Admit / reject / pending)

SGS Dean

signature

date