



ST. PAUL'S UNIVERSITY

BOARD OF POSTGRADUATE STUDIES APPLICATION FOR PhD PROGRAMMES

Private Bag 00217 LIMURU, KENYA
Email: postgraduatestudies@spu.ac.ke
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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.3,000 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
6. **Foreign Students or Kenyan's** who have **foreign qualifications** need to apply to Kenya National Qualifications Authority (**KNQA**) for recognition and equation of their qualifications before admission.
7. "I consent that the data provided in this form can be processed in accordance with the Data Protection Act No. 24 of 2019, the Data Protection (General) Regulations, 2021, and associated legislation".

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. Mobile No:		xiii. Your email:	

xiv. Name of next of kin	xv. Relationship to next of kin:
xvi. Tel no of the next of kin:	xvii. Email Address of the 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 () Weekend ()

Nairobi campus: Regular () Evening ()

Machakos campus: Distance Learning () Weekend ()

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

SECTION C: ACADEMIC QUALIFICATIONS:

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

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

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 to pay all the required fees and abide by the regulations of the programme am admitted to.

I hereby certify to the best of my knowledge all the information provided on this form is correct and complete and, if admitted, I shall abide by the Rules and regulations of St Paul's University.

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: _____