

ST. PAUL'S UNIVERSITY

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BOARD OF POSTGRADUATE STUDIES APPLICATION FOR POSTGRADUATE PROGRAMMES

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 of application fee Ksh 3000 (Graduates of St. Paul's University are exempted)
5. 3 passport size photos

SECTION A: PERSONAL DETAILS

i. Your Surname:		ii. Other names:	
iii. Date of Birth:	iv. Age:	v. Single/Married/Other (Please Specify):	
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. Telephone No:		xiii. Mobile No:	
xiv. Name of next of kin		xv. Relationship to next of kin:	
xvi. Tel no of next of kin:		xvii. Email Address of 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 () Modular ()

Nairobi campus: Regular () Evening ()

Machakos campus: Regular () Evening () 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 <i>(Degree and high school certificates)</i>	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 for and undertake to pay all the required fees and abide by the regulations of the programme am admitted to.

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

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: _____