



THE PRESBYTERIAN UNIVERSITY OF EAST AFRICA

P.O. Box 387-00902, Thogoto, Kikuyu Kenya: Phone +254-020-2341511

website: www.puea.ac.ke Email: info@puea.ac.ke

APPLICATION FOR ADMISSION **(POST GRADUATE PROGRAMMES)**

Application form number.....

NOTES:

- i. This form should be typed or completed in **BLOCK LETTERS**, and returned to: **The Admissions Office, Presbyterian University of East Africa Kikuyu Campus; OR to the Nairobi Town Campus, Biashara Plaza, 3rd floor OR** post it to the **address given above.**
- ii. Attach copies of your professional and academic certificates and transcripts, Identity Card/Passport/Birth Certificate plus your current appointment letter (where applicable)
- iii. Attach copies of your Next of Kin's Identity Card/Passport
- iv. All International students should fill an Application for Kenya Pupils Pass form (Copies of Passport should be certified by Commissioner of Oaths/Advocate/ Embassy)
- v. Attach four passport size photographs from a good studio
- vi. Applicants should pay in cash the sum of Kshs 1,000 (Non Refundable) for the processing fee

SECTION A

PERSONAL DETAILS

Surname: _____ Other Names: _____

Date of Birth: _____ Nationality: _____

Gender: Male [] Female [] *Tick appropriately*

Postal Address: _____ Postal Code: _____ Town _____

Tel. No: Home _____ Office: _____ Mobile: _____

Email: _____ I.D./Passport Number: _____

Next of Kin Name _____ Relationship _____

MobileNo _____ Email _____ Postal Address _____

Postal Code _____ I.D./Passport Number: _____

TYPE OF ADMISSION SOUGHT (Please Tick):

Full-Time Student Part-Time Student
Open and Distance Learning

SEMESTER INTAKE (Please Tick):

January May September

SECTION B

PROGRAMME APPLIED FOR (Please Tick):

PhD Post Graduate Degree
Post Graduate Diploma

Please specify the Programme applied for:

1st Choice _____

2nd Choice _____

INSTITUTIONS ATTENDED & QUALIFICATIONS ATTAINED

| Qualifications | Name of School/College/University | Grade attained | Year of Completion |
|--------------------------|-----------------------------------|----------------|--------------------|
| (i) Academic | | | |
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| (ii) Professional | | | |
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WORKING/RESEARCH EXPERIENCE (where applicable)

| Employer | Station of Work | Occupation | Period |
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REFERENCE INFORMATION

Please name two persons to act as your referees, they should be well placed to report on your potential as a postgraduate student in your chosen area of study and preferably should have been your lecturer in degree courses.

Name & Title of Referee: Address:

Name & Title of Referee: Address:

How did you come to know about PUEA? Kindly tick

- | | | | |
|------------------|-----|---------------------------|-----|
| Family/Friend | () | Lecturer/Current student | () |
| Newspaper | () | Exhibition/ Brochure | () |
| Television/Radio | () | Church Event/Announcement | () |

DECLARATION

I certify that the information provided above is correct. The University will nullify any admission obtained on the basis of untrue information.

Signature: _____ **Date:** _____

SECTION C

FOR OFFICIAL USE:

Approved/Not approved for admission

Signature:

Date: