



TAITA TAVETA UNIVERSITY

OFFICE OF THE REGISTRAR (ACADEMIC, RESEARCH & OUTREACH)

P.O. BOX 635 (80300) Voi, Kenya; Tel: 020-2437267/0774-222064; Email: registrar-aro@ttu.ac.ke Website: www.ttu.ac.ke

APPLICATION FORM FOR REGISTRATION OF POSTGRADUATE STUDIES

NOTES:

1. *Three copies of this form for PhD and Two copies for Masters or Postgraduate Diploma Courses should be completed and returned to: The Registrar (Academic, Research and Outreach) Taita Taveta University, P.O. BOX 635-80300, VOI, Kenya.*
2. *This form should be typed or completed in **BLOCK LETTERS***

SECTION A

1. Name: (Mr., Mrs., Ms.)
 (Surname)

 (First name) (Other Names)
2. Employer (if any).....
3. Field of study.....
4. Current Address.....
 Telephone No..... Mobile No.....
 Email.....
5. Permanent Address? (If different from the current address).....
6. Date of Birth.....
7. Nationality.....
8. Identity Card No.....
9. Marital Status.....
10. County.....



SECTION B

11. University education and qualifications obtained (*State the dates you attended the University/ Institution, the qualifications obtained, including classification e.g. First / Second Class Honours (Upper Division)*). Attach copies of all academic certificates and academic transcripts.

A. First Degree

- i. University attended.....
- ii. Dates attended From.....To:.....
- iii. Field of Study.....
- iv. Degree awarded.....
- v. Date awarded.....

B. Second Degree (*where applicable*)

- i. University attended.....
- ii. Dates attended.....
- iii. Field of Study.....
- iv. Degree awarded.....
- v. Date awarded.....

C. Additional Qualifications (*where applicable*)

.....

12. Employment and Research experience (*If any*)

(*Provide a list of publications and research grants received, on a separate sheet if necessary*)

.....

SECTION C

13. The postgraduate course applied for (*Applicants should consult the Department and School before completing this section*)

- i. Name of Degree.....
- ii. Department.....
- iii. School.....
- iv. Field of Study.....
- v. Full-time / part-time (*Select as appropriate*)



- vi. Method of Study: *(Choose one by deleting appropriately below)*
 - a) By coursework, examination & project
 - b) By coursework, examination & thesis
- vii. Proposed date of commencement of Study.....
- viii. Expected date of completion
- ix. Collaborating institutions where work is to be done

.....

.....

.....

14. Indicate how you intend to finance your studies

.....

.....

15. Name two persons who are prepared to act as your referees. They should be well placed to report on your potential as a postgraduate student in your chosen field of study and preferably should have been your lecturer in degree courses. You should also fill in two request letters issued together with this form and forward them to your referees directly so that they can send their reference to the Registrar (ARO) without delay.

Name.....

Address.....

Telephone..... Mobile No:

Email.....

Name.....

Address.....

Telephone..... Mobile No:

Email.....

16. Signature of Applicant.....

Date.....

SECTION D (OFFICIAL USE ONLY)

17. Recommendation by Supervisors:

1. First Supervisor.....

.....

.....

Name:



Signature:

Date:

2. Second supervisor.....

Name:

Signature:

Date:

18. Recommendation by the Department Postgraduate Committee. (Enter below ACCEPT or REJECT as may be applicable)

.....

Name of Chairman.....

Signature.....

Department of.....

Date.....

19. Recommendation by the School Postgraduate Studies Committee (Enter below ACCEPT or REJECT as may be applicable)

.....

Name of Dean of School:

Signature.....

Faculty / School / Institute.....

Date.....

20. Recommendation by the Registrar (ARO) (Enter below ACCEPT or REJECT as may be applicable)

.....

Name of Registrar:

Signature:

Date:

