

OFFICE OF THE REGISTRAR (ACADEMIC, RESEARCH & OUTREACH)

P.O. B0X 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**

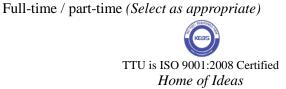
SECTION A

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	rs)	
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** University attended. ii. Dates attended From......To: iii. Field of Study..... Degree awarded. iv. Date awarded..... v. В. Second Degree (where applicable) i. University attended..... ii. Dates attended..... iii. Field of Study.... iv. Degree awarded..... 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



Department

School.....

Field of Study.....

ii.

iii.

iv.

v.

	Method of Study: (Choose one by deleting appropriately below)	
	a)	By coursework, examination & project
	b)	By coursework, examination & thesis
vii.	Proposed dat	e of commencement of Study
viii.	Expected dat	e of completion
ix.	Collaborating	g institutions where work is to be done
		nance your studies
delay.	iii to jour rerere	s directly so that they can send their reference to the Registrar (ARO) without
•		
Name		
Name		
Name Address Telephone		
Name Address Telephone Email		Mobile No:
Name Address Telephone Email		Mobile No:
Name Address Telephone Email Name		Mobile No:
Name Address Telephone Email Name Address Telephone		Mobile No:
Name Address Telephone Email Name Address Telephone Email		Mobile No: Mobile No:
Name Address Telephone Email Address Telephone Email	f Applicant	Mobile No: Mobile No:
Name Address Telephone Email Address Telephone Email	f Applicant	Mobile No: Mobile No:
Name Address Telephone Email Name Address Telephone Email Signature of Date	f Applicant	Mobile No: Mobile No: SECTION D (OFFICIAL USE ONLY)



	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:
	Data