

FORM NO. BPGS 1A

# EGERTON



# UNIVERSITY

Tel: Pilot: 254-51-2217620  
Others: 254-51-2217877  
254-51-2217631  
Dr-Line/Fax: 254-51-2217847  
Cellphone: 254-727-014034

AFFIX YOUR RECENT  
PASSPORT SIZE  
PHOTOGRAPH ON  
EACH FORM

## BOARD OF POST GRADUATE STUDIES APPLICATION FOR ADMISSION INTO POSTGRADUATE STUDIES

- Notes:(1) Complete this form in duplicate and return to the Director (Board of Post Graduate Studies), Egerton University, P.O. BOX 536-20115, EGERTON, NJORO, KENYA.  
(2) Type or print in block letters.

### APPLICATION FOR POST GRADUATE DIPLOMA (PGD)

#### SECTION A: (PERSONAL DETAILS)

1. Name: .....  
(Last/Surname) (Other names in full)

2. National ID No:.....or Passport No:.....

3. Current/Postal Address: .....  
.....

Telephone: .....email .....

4. Home Address (if different from 3 above):.....  
.....

Telephone: .....

5. Date of Birth: ..... 6. Place of Birth: .....

7. Country of Citizenship:.....8. Sex:.....

9. Marital Status:.....10. Religion:.....

Next of Kin:.....Telephone.....

11. Area of specialization/Major

Programme (Specialization) applied for e.g. PGD (Education):.....  
.....

Department:.....Faculty:.....Institute.....School.....

Mode of study: Full time  Part time

12. How are your Studies to be financed? (Mark X in the appropriate box):

Self financed  Scholarship

Name of Sponsor: .....email.....

Address: .....Telephone: .....

## SECTION B(ACADEMIC QUALIFICATIONS)

13. Previous Education (Enclose certified copies of Certificates and Transcripts):

Dates From /To	Name & Address of Institution	Field/Subjects Studied	Qualifications Obtained
1.....to.....	<b>(a) Secondary</b>		
2.....to.....			
3.....to.....			
1.....to.....	<b>(b) Post Secondary/University</b>		
2.....to.....			
3.....to.....			

