

THARAKA
P.O BOX 193-60215,
MARIMANTI, KENYA



COLLEGE

(A Constituent College of Chuka University)

TUC/ADM/FORM/10
UNIVERSITY
Telephone : +(254)-0202008549, +(254)-
02020076920
Mobile: (+254)0728229548
Website: tharaka.ac.ke

**BOARD OF POSTGRADUATE STUDIES & RESEARCH
APPLICATION FOR ADMISSION INTO POSTGRADUATE STUDIES**

1. **Complete this form in duplicate** and return to the Director (Board of Post Graduate Studies & Research) Tharaka University College P.O Box 193-60215 Marimanti, TYPE/PRINT in Block letters.
2. Attach original receipt from the University indicating payment for the application fees (Kshs.2000) PAYABLE TO: Account Name; Tharaka University College Account No Co-op 011 29572400000/ Equity 0210277753588 (Chuka Branch)
3. Attach two sets of certified copies of all academic certificates and transcripts.
4. Attach two copies of the national ID card. Two copies of the applicant's curriculum vitae (CV).
5. Attach two current copies colored passport size photographs, to be affixed on the box provided up.
6. Attach two loosely bound copies of proposal or concept paper (**for Ph.D. Applicants only**)

SECTION A (PERSONAL DETAILS)

1. Name:
(Last/ Surname) (Other names in full)
2. National ID No. Or Passport No.....
3. Current/Postal Address:Code.....Town
Telephone: Email.....
4. Date of Birth: Place of Birth:
5. Country of Citizenship..... Sex.....
6. Marital Status: Religion.....
7. Next of Kin: Telephone.....
8. program applied for (E.g. M. ED Management, PGDE, Ph.D.)

Department: Faculty

9. Mode of study (Tick): Full Time School Based
10. How are your studies to be financed? (Tick as appropriate in the box):
Self-Finance Scholarship
Name of Sponsor.....Email.....
Address:Telephone:

SECTION B (ACADEMIC QUALIFICATIONS)

11. Academic referees, preferably one must have taught you at Post-Secondary/University Level.
 - a) Name.....
Designation:
Address.....
Telephone number.....E-mail.....

b) Name.....
Designation:
Address.....
Telephone number.....E-mail.....

12. Applicant’s Signature:Date.....

SECTION C (FOR OFFICIAL USE ONLY)

13. Recommendation from the Department:

a. Forwarded to the Department ofDate.....

b. Recommendation of the Department: Accepted Rejected

c. Comments:
.....

HOD’s Signature.....Date

14. Recommendation from the Faculty:

a. Forwarded to the FacultyDate.....

b. Recommendation of the Department: Accepted Rejected

c. Comments:
.....

Dean’s Signature:Date.....

15. Recommendation of Board of Post Graduate Studies (BPSR):

a. Forwarded to the Board of Postgraduate Studies (BPSR): Date:

b. Recommendation of the BPGS: Accepted Rejected

c. Comments:
.....

Director’s Signature.....Date