



MOI UNIVERSITY
INTERNATIONAL OFFICE

**Affix three of
your current
passport size
photographs**

Tel: 254(053) 43001-8
254(053) 43620 Ext. 366
254(053) 43069 Direct Line
Fax: 254(053) 43047 or 254 (053) 43102
Email: ipo@mu.ac.ke
Website: www.mu.ac.ke

P.O. Box 3900-30100
Eldoret
KENYA

INTERNATIONAL AFFILIATE APPPLICATION FOR SHORT COURSE/RESEARCH

SECTION A

PERSONAL DATA

1. Applicant's
Name.....
(Surname) (Other Names in full)

2. Current
Address.....
.....
.....

Telephone No (With Country
Code).....

Email.....
.....

Fax.....
.....

3. Permanent Address (if different from the current address)
.....
.....
.....

4. Nationality..... Date of Birth..... Passport No.....

5. Gender: Male Female (Tick as appropriate)

6. Marital Status.....

7. If with any physical disability please specify.....
.....

SECTION B

EDUCATIONAL BACKGROUND

RECORD OF SECONDARY/HIGH SCHOOL EDUCATION

(Attach Certified Copies of Result Slips/Transcript and Certificates).

School	From	To	Certificates & Grades obtained

COLLEGE/UNIVERSITY EDUCATION

(Attach Certified Copies of Result Slips/Transcripts and Certificates)

College/University	From	To	Certificates & Grades obtained

Degree
Awarded.....

Date

Awarded.....
....

SECTION C

8. Program of Interest Applying For:.....

Period of Study: **One or more year(s)** **One semester** **Summer studies**

9. Would rate your English Communication Skills as

Poor **Fair** **Good** **Very Good** **Excellent**

10. Would you like to enroll in an intensive Bridging Course in English offered at Moi University?

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SECTION D

FUNDING

11. Financial Sponsorship: How do you plan to finance your education at Moi University?

Self **Parent/Guardian** **Sponsorship** **Scholarship**

Name:.....
.....

Address:.....
.....

Email:..... Tel No:.....

Note: If Parent/Guardian, Sponsorship/Scholarship attach a letter of commitment

If none of the above,
specify.....

SECTION E

REFEREES

12. Name two referees. They should be well placed to report on your potential as a postgraduate student in your chosen field of study and preferably your lecturers in earlier degree courses. They are requested to fill in the confidential report form (IPO/PG-2) at the end of this application form and forward it directly to the International Office at Moi University.

Name.....
.....

Postal
Address.....
.....

Email:..... Tel no:.....

Name.....
.....

Postal
Address.....
.....

Email:..... Tel No:.....

Signed by the
applicant.....

Date.....

SECTION F

OFFICIAL USE ONLY

Date Received by International Office.....

(a) (i) RECOMMENDATION OF THE DEPARTMENTAL GRADUATE STUDIES
COMMITTEE

(Enter below ACCEPT or REJECT as may be applicable)

.....

(ii) University Supervisor

.....
.....
.....
.....

(iii) Other Supervisors

.....
.....
.....
.....

Signed:.....
Chairman, DEPARTMENTAL GRADUATE STUDIES COMMITTEE (DGSC)

Signed:.....
Chairman, DIVISIONAL COMMITTEE, SG

Date.....

(b) RECOMMENDATION OF THE SCHOOL GRADUATE STUDIES COMMITTEE (FCSC)
(Enter below ACCEPT or REJECT as may be applicable)

.....
.....

Signed.....
Chairman, SCHOOL GRADUATE STUDIES COMMITTEE

Date.....

(c) RECOMMENDATION OF THE BOARD OF THE SCHOOL OF GRADUATE STUDIES
(Enter below ACCEPT or REJECT as may be applicable)

.....
.....

Registered with effect from:

.....

Signed.....

Dean, SCHOOL OF GRADUATE STUDIES

Date.....

Date of dispatch to the Student by International Office.....



Official Stamp