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AFFIX YOUR RECENT
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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 Graduates Studies),
Egerton University, P. O. BOX 536-20115, EGERTON, NJORO, KENYA.

(2) Type or print in block letters

APPLICATION FOR MASTERS DEGREE (M.Sc./M.A./M.Ed.)

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 3above):.....

Telephone:.....

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

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

9. Material Status:..... 10. Religion:

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

11. Area of specialization/Major

Programme (Specialization) application for e.g M.Sc., Chemistry:.....

12. Campus choice (e.g - Main Campus).....

Department:.....Faculty:.....Instute.....School.....

Mode of study: Full time Part time

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

Self financed Scholarship

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

Address:.....Telephone:

