



JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE & TECHNOLOGY

**DIRECTOR, BOARD OF POSTGRADUATE STUDIES
APPLICATION FOR POSTGRADUATE STUDIES**

REQUIREMENTS

NB:(i) THREE copies of this form should be completed and returned to the Director, Board of Postgraduate Studies, Jaramogi Oginga Odinga University of Science & Technology, P.O. Box 210-40601, BONDO, Tel.057-2501804

- (i) The form should be typed or completed in block letters.

Attach original application receipt. Application No.....

- (ii) Attach a Passport size photo on each form
- (iii) Send referee forms (2) direct to the Director, BPS
- (iv) Attach photocopies of both Academic and professional certificates on each duly completed form.

SECTION A

1. Name

.....
(Surname) (Other names in full)

2. Current Address

.....
.....

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

.....
.....

4. Tel/Mobile No. e mail of Student

5. Date of Birth.....Sex.....

6. Citizenship ID/Passport No.....

7. Marital Status.....

SECTION B

8. University attended, years and degrees obtained:

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

9. University and the degrees you obtained including the classification. You should attach copies of certificates and academic transcripts showing the grades obtained in each course.

(a) First degree

(i) University attended.....

(ii) Dates attended.....

(iii) Field of Study
.....
(e.g. History, Economics, Physics, Chemistry, etc)

(iv) Degree awarded
.....
(e.g. B.Sc. Upper 2nd Class Honours)

(v) Date awarded
.....

(b) Second degree:

(i) University attended.....

(ii) Dates attended.....

(iii) Field of Study
.....
(e.g. History, Economics, Physics, Chemistry, etc)

(iv) Degree awarded
.....
(e.g. B.Sc. Upper 2nd Class Honours)

(v) Date awarded
.....

(c) Other degrees/Diploma (where applicable).....
.....
.....
.....

(d) Research experience (if any)
(List of publications, research reports, dissertation, thesis etc)
Attach separate sheet if necessary
.....
.....
.....

(e) Employment record:
Position Place of employment Date of employment (From-To)
.....
.....
.....
.....

(f) Indicate competency in other languages other than English.....
.....
.....

SECTION C

10. The higher degree applied for:

- (i) Name of degree.....
- (ii) Faculty/School
- (iii) Department.....
- (iv) Field of study/subject.....

(v) Mode of Study – Tick as appropriate

- Part Time
- Full Time
- School based
- Weekend Intensive

(vi) Place of Study - Tick as appropriate

- JOOUST Main Campus, Bondo
- Kisumu
- Kisii
- Other(Specify).....

(vii) Proposed date of commencement of study
.....

(viii) Expected date of completion

.....

(ix) Institution where research work is to be done if not at Jaramogi Oginga Odinga
University of Science & Technology

.....

11. Indicate how you intend to finance your studies

.....

Give names and addresses of two academic referees

(i) Name

.....

Address

.....

Email

(Mandatory).....

(ii) Name

.....

Address

.....

Email (Mandatory)

Signed by the applicant Date:

SECTION D

TO BE COMPLETED BY THE UNIVERSITY

(a) (i) **RECOMMENDATION OF THE HEAD OF DEPARTMENT**

(Enter below ACCEPT or REJECT as may be applicable)

.....

.....

.....

(iii) Give reasons for REJECTION

.....

.....

(iv) University supervisor(s)

.....

.....

.....

(v) Other supervisors

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

Signed by Head of Department..... Date.....

b) RECOMMENDATION OF THE BOARD OF POSTGRADUATE STUDIES

(Enter below ACCEPT or REJECT as may be applicable)

.....
.....

Registered with effect from

.....

Signed

DIRECTOR, BPS

Date: Official Stamp.....



**JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE & TECHNOLOGY
DIRECTOR, BOARD OF POSTGRADUATE STUDIES**

REFEREES CONFIDENTIAL REPORT

The candidate whose name is given below wishes to undertake postgraduate studies in the University. The University would be grateful for your comments on the candidate's suitability for this programme.

Please return the completed form directly to:
The Director, Board of Postgraduate Studies,
P. O. Box 210-40601, BONDO.

SECTION A: (To be completed by the candidate)

1. Name of candidate
.....
 2. Degree applied for
.....
 3. Department/Faculty to which application is made
 4. Field of Study/subject
.....
-

SECTION B: (To be completed by the referee)

5. For how long and in what capacity have you known the candidate?
.....
.....
.....

6. Please rate the candidate on the following:

	Excellent	V.Good	Good	Average	Below Average	Unable to Assess
Academic ability						
Ability for persistent & Independent study						
Potential for productive scholarship						
Quality of previous work						
Oral and written expression in English						

7. Comment freely on the candidate:

.....
8. Name of referee (in block letters

.....
Signature

.....
Designation/Official Stamp

.....
Date

Referee Address:

.....
.....

Referee Email

No.....