



TECHNICAL UNIVERSITY OF MOMBASA  
SCHOOL OF GRADUATE STUDIES

AFFIX  
PHOTOGRAPH  
HERE

APPLICATION FORM FOR REGISTRATION FOR GRADUATE STUDIES

NOTES

- (i) FOUR copies of this form should be completed and returned to: The Director, School of Graduate Studies, Technical University of Mombasa, P. O. Box 90420-80100, MOMBASA, KENYA or emailed to sgs@tum.ac.ke
- (ii) This form should be typed or completed in BLOCK LETTERS
- (iii) A non-refundable fee of Kshs. 2500 for Doctoral and Kshs.1500 for Masters degree (for East African Nationals) or US\$50 or its equivalent (for other Nationals) will be required (enclose copy of bank slip) payable to Technical University of Mombasa, Cooperative Bank of Kenya Acc. No 01129079001600 (Nkrumah Rd Branch) or Standard Chartered Bank Acc. No. 0102092728000 (Treasury Square) or Equity Bank Acc. No. 0460297818058 (Digo Rd Branch) or National Bank Acc. No. 01038074211700 (TUM Branch)
- (iv) Attach a standard passport size photograph , copy of National Identification, academic certificates and transcripts on each copy of the application form
- (v) Read through all the instructions and fill all sections required before submitting the form.
- (vi) You will be required to bring the original certificates for verification during the time of registration

SECTION A: PERSONAL DETAILS

1. Name: (Dr., Mr., Mrs., Miss, Ms.).....  
(Surname)  
.....  
(First Name) (Other Names)  
2. Employer.....  
3. Field of study.....  
4. Current Address.....  
.....  
Telephone No.....Mobile No.....  
Email .....

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

6. Date of Birth..... Gender: M  F

7. Nationality.....

8. Identity Card/Passport No.....

9. Marital Status.....

10. Religion.....

11. Next of kin .....

Address.....Telephone. No.....

**SECTION B: ACADEMIC DETAILS**

12. University education and qualifications obtained (*state the dates you attended the university/ institution, the qualifications obtained, including classification e.g. First/ Upper Second Class Honours*). **Attach certified copies of degree certificates and academic transcripts showing the grades obtained in each course.**

Qualifications	College/University Attended	Field of Study	Dates attended	Grades Obtained & Classification
(i) Academic				
(ii) Professional				

Additional qualifications (*where applicable*)

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13. Employment and Research Experience (*if any*)  
 (*Provide a list of publications and research grants received, on a separate sheet if necessary*)

Position held	Employer	Duration

14. Statement of research interest by applicant

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**SECTION C: COURSE DETAILS**

15. Postgraduate course applied for (*Applicants should consult the Department and Faculty/School/Institute before completing this section*)

- (a) Name of degree .....
- (b) Department .....
- (c) Faculty/School.....
- (d) Field of Study .....
- (e) Full-time  Part-time  (Tick as appropriate)
- (f) Method of study: (Tick as appropriate)
  - By Coursework, Examinations and Project
  - By Coursework, Examination and Thesis
  - By Research and Thesis only (provide a concept paper/proposal draft).
- (g) Proposed date of commencement of study .....
- (h) Expected date of completion .....
- (i) Collaborating institutions where work is to be done (*If any*)  
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16. Indicate how you intend to finance your studies

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17. **Referees:** Name **two** persons who are prepared to act as your referees. They should be well placed to report on your potential as a postgraduate student in your chosen field of study. At **least one** should be academic. (Please find enclosed the referee form).

Name.....  
Address .....

Telephone No. .... Mobile No. ....

Email address.....

Name .....

Address .....

Telephone No. .... Mobile No. ....

Email address .....

18. Signature of Applicant.....  
Date .....

**SECTION D: FOR OFFICIAL USE ONLY**

**To be completed by the University**

19. Recommendation by the Departmental Graduate Studies Committee.  
(Tick below *ACCEPT* or *REJECT* as may be applicable)

ACCEPT

REJECT

Name of Chairman .....

Signature .....

Department of .....

Date .....

20. Recommendation by the Faculty/School/Institute Graduate Studies Committee  
(Tick below *ACCEPT* or *REJECT* as may be applicable)

ACCEPTED

REJECTED

Name of Dean of Faculty/Director of School/Institute .....

Signature .....

Faculty/School/Institute .....

Date .....

21. Recommendation by the School of Graduate Studies  
(Tick below *ACCEPT* or *REJECT* as my be applicable)

ACCEPT

REJECT

Director .....

Signature .....

Date .....

*“Technical University of Mombasa Offers Equal Opportunities for Training and Embraces the Principle of Gender and Disability Mainstreaming”*

For more information contact the University website: [www.tum.ac.ke](http://www.tum.ac.ke) or email [sgs@tum.ac.ke](mailto:sgs@tum.ac.ke)