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|  | TECHNICAL UNIVERSITY OF MOMBASA | | |
| | Document: Form | | Ref No.: TUM/Form/SGS/001 |
| | Title: POSTGRADUATE APPLICATION FORM | | |
| | Department: SCHOOL OF GRADUATE STUDIES | | |
| | Issue No. 1 | Revision No. 0 | Date: 4th August 2016 |

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, degree certificates and transcripts, Form 4 certificate or its equivalent, 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.....
Mobile No..... Email

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

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

7. Nationality.....

8. Identity Card/PassportNo.....

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 | | | | |
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| | | | | |
| (ii) Professional | | | | |
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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. Give one to each referee to fill*).

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 or email sgs@tum.ac.ke



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|  | TECHNICAL UNIVERSITY OF MOMBASA | |
| | Document: Form | Ref No.: TUM/Form/SGS/002 |
| | Title: POSTGRADUATE REFEREE FORM | |
| | Department: SCHOOL OF GRADUATE STUDIES | |
| | Issue No. 1 | Revision No. 0 |
| Date: 4th August 2016 | | |

REFEREE'S RECOMMENDATION FORM

| | | | | | | |
|--|--|--|-------------|----------------|-------------|------------------|
| Applicant's information | | | | | | |
| Surname/Family Name | | | | | | |
| Other Name (s) | | | | | | |
| Programme applied for | | | | | | |
| Applicant's Signature and Date | | | | | | |
| Referee recommendation | | <p><i>To enable us assess the candidate's suitability for the programme, we kindly request that you evaluate the candidate in the areas indicated in the table below (Tick the appropriate cell). Please indicate the applicant's qualifications and potential to undertake advanced study/research. Describe the applicant's motivation and intellect and indicate both strong and weak points.</i></p> | | | | |
| 1. How long have you known the applicant? | | | | | | |
| 2. In what capacity have you known the applicant? | | | | | | |
| 3. What is the applicant's potential in: | | <i>Excellent</i> | <i>Good</i> | <i>Average</i> | <i>Poor</i> | <i>Very poor</i> |
| a). Intellectual ability | | | | | | |
| b). Capacity for Original Thinking | | | | | | |
| c). Maturity | | | | | | |
| d). Motivation for postgraduate studies | | | | | | |
| e). English Language proficiency | | Written | | | | |
| | | Oral | | | | |
| f). Ability to work with others | | | | | | |
| 3. Any other talents/capabilities worth mentioning? | | | | | | |
| 4. What do you consider to be the applicant's weakness? | | | | | | |
| 5. What is your recommendation on the suitability of the applicant to the programme applied for? | | | | | | |
| 6. What is the potential ability of the applicant to complete the programme applied for? | | | | | | |
| 7. Give other additional comments that you consider relevant about the applicant. | | | | | | |
| Referee's Name and Contacts. | | | | | | |
| Name: | | Title(<i>Prof./Dr./Mr./Mrs./Miss./Ms</i>) | | | | |
| Institution: | | Position: | | | | |
| Postal Address: | | Telephone (Landline): | | | | |
| | | Mobile No.: | | | | |
| Fax: | | e-mail: | | | | |
| Referee's Signature: | | Date: | | | | |

Please post the completed form in a sealed envelope signed across the seal to: The Director, School of Graduate Studies, Technical University of Mombasa, P.O. Box 90420-80100, MOMBASA, KENYA or email to sgs@tum.ac.ke

