

Application Ref. No. _____

Appl. Fee Receipt No. _____



**Affix one of your
Current passport
size Photograph
here**

MAKUENI UNIVERSITY COLLEGE (MUCO)

OFFICE OF THE ACADEMIC REGISTRAR

P.O. Box 441 – 90300,
MAKUENI, KENYA
Email: www@muco.ac.ke

Tel: **+254 111 417 951**
Web: www.muco.ac.ke

POSTGRADUATE APPLICATION FORM

*Read the instructions carefully before completing this form. Complete all sections in BLOCK LETTERS and attach the required supporting documents. Return the completed form to the Academic Registrar's Office, Makueni University College. You are required to pay a non-refundable application fee of **Ksh. 3,000/-** through the **Kenya Commercial Bank (KCB), WOTE Branch account number 1352910128***

NOTE: Attach certified copies of your academic certificates and transcripts, a copy of your National ID/Passport, 2 Passport Size photographs, and proof of payment of the application fees.

1. APPLICANT'S PERSONAL DETAILS

Surname _____ Middle Name _____ Other Names _____
(Start with Surname)
Title: Prof [] Dr [] Mr [] Mrs [] Ms [] Other [] Gender: Male [] Female []
Date of Birth (DDMMYYYY): _____ Nationality: _____
National ID / Passport No: _____ County: _____
Sub-County: _____ Country of Residence: _____

2. CONTACT INFORMATION

Postal Address: P.O. Box: _____ Postal Code: _____ Town/City: _____
Mobile Phone: _____ Email Address: _____

3. NEXT OF KIN DETAILS

Name: _____
Occupation: _____ Phone Number: _____
Email Address: _____

4. EMERGENCY CONTACT

Name: _____ Relationship: _____
Phone Number: _____ Email Address: _____



5. EDUCATIONAL BACKGROUND

Universities and Colleges Attended	From	To	Qualification Obtained

6. PROGRAMME APPLIED

Programme Level: Postgraduate Diploma ☐ Masters ☐ Ph.D. ☐

Programme Name: _____

Mode of Study: Regular ☐ Evening ☐ Weekend ☐

Preferred Intake: January ☐ May ☐ September ☐

8. FINANCING OF STUDIES

Self ☐ Parent/Guardian ☐ Sponsor ☐ (Specify): _____

9. SPECIAL NEEDS / DISABILITY

Do you have any disability or special needs?: Yes ☐ No ☐

If yes, specify: _____

10. DECLARATION AND CONSENT

I declare that the information provided in this application form is true and correct to the best of my knowledge. I understand that any false information may lead to disqualification or cancellation of admission. I hereby give my permission to the admissions office to obtain any verification deemed necessary to process my application. I further certify that I will arrange for the forwarding of official transcripts as requested in the instructions, and that transcripts become the property of Makueni University College (MUCO) and will neither be forwarded to another institution nor returned to me. I will include with this application my application fee receipt and other documents as required in the application Instructions. I further permit Makueni University College (MUCO) to process my data within the provisions of the law, and to store my data as per MUCO's policy.

Applicant's Signature: _____ Date: _____



FOR OFFICIAL USE ONLY

Application No: _____ Received By: _____

Signature: _____ Date & Stamp: _____

11. REGISTRAR'S RECOMMENDATION

Admissible [] Not Admissible []

Comments:

Signature: _____ Date & Stamp: _____

