



# MERU UNIVERSITY OF SCIENCE & TECHNOLOGY

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## OFFICE OF THE REGISTRAR, ACADEMIC AFFAIRS

### APPLICATION FORM FOR POST GRADUATE STUDIES

Masters   
PhD

Serial No.....  
Receipt No.....

**NB:** To be completed in **BLOCK LETTERS** and returned to the **Registrar, Academic Affairs.**

#### SECTION A

1. Name: {Mr., Mrs., and Ms. Dr. Prof.}.....  

Surname	Middle	First
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2. Date of Birth .....
3. Gender (**Tick appropriately**)                      Male                       Female
4. Marital Status (**If Applicable**) .....
5. Nationality.....ID. No/PPNO.....
6. Employer (If applicable).....
7. Current Address .....
8. Telephone No. .... Mobile No .....

9. Email .....

10. Permanent Address {if different from the current address} .....

11. Religion .....

12. Name and contact of the parent/guardian.....

13.

**SECTION B**

**WORK EXPERIENCE**

S/NO	ORGANISATION/INSTITUTIONS	FROM	TO	POSITION/LEVEL
1.				
2.				
3.				
4.				
5.				
6.				
7.				

14. Field of study .....

15. Indicate when you would wish to join the University (**tick appropriately**)

Year  year  year

January  May  September

16. Preferred campus (Tick appropriately)

Main campus (Nchiru)

Meru town campus

**17. University education and qualifications obtained {state the dates you attended the university institutions, the qualifications obtained, including classification e.g. First/upper second class Honors}. You should attach copies of the degree certificates and academic transcripts showing the grades in each course.**

S/NO	DEGREE	UNIVERSITY ATTENDED	FROM	TO	FIELD STUDY OF	AWARD LEVEL	DATE
1.							
2.							
3.							

Additional qualifications {where applicable} .....

.....

**18. Employment and Research experience {if any}**

(Provide a list of publications and research grants received, on a separate sheet if Necessary)

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### SECTION C

The postgraduate course applied for:

- a) Name of Degree .....
- b) Area of specialization (where applicable).....
- c) Department .....
- d) School.....
- e) Mode of study {select as appropriate}

Full-time  Part time  weekend  Distance Learning

f) Proposed date of commencement of study .....

g)

g. Expected date of completion .....

h) Collaborating institution where work is to be done.....

.....

.....

.....

19. Indicate how you intend to finance your studies .....

.....

Name and Address of the Sponsor (if applicable).....

Telephone/Mobile.....Email.....

20. Name two persons to act as your referees. They should be well placed on your potential as a postgraduate student in your chosen field of study and preferably should have been your lecturer at the 1<sup>st</sup> degree level .You should also request them to forward their recommendations to the MUST post graduate studies committee without delay.

a. Name .....

Address .....

Telephone ..... Mobile no .....

Email .....

b. Name .....

Address .....

Telephone .....Mobile no .....

Email .....

21. Signature of Applicant .....

Date .....

**SECTION D (To be completed by the university)**

22. Recommendation by supervisors

a. **First supervisor comments** .....

Name .....

Signature .....

Date .....

b. **Second supervisor comments** .....

Name.....

Signature.....

Date.....

c. **Third supervisor comments** {where necessary} .....

Name.....

Signature.....

Date.....

22. Recommendation by the Department Postgraduate committee {Enter below **ACCEPTED** or **REJECTED** as may be applicable}

Name of Chairman.....

Signature.....

Department of.....

Date.....

23. Recommendation by the School/Institute Postgraduate Studies committee {enter below **ACCEPTED** or **REJECTED** as may be applicable}

Name of Dean of School/Director of School/institute .....

Signature .....

School/Institute .....

Date .....

24. Recommendation by the Directorate Board of Postgraduate Studies committee {enter below **ACCEPTED** or **REJECTED** as may be applicable

Name of Director .....

Signature .....

Date .....

All correspondences / Enquiries should be addressed to:

**THE REGISTRAR (ACADEMIC AFFAIRS)**

**MERU UNIVERSITY OF SCIENCE AND TECHNOLOGY**

**P.O. BOX 972-60200**

MERU TEL: 0725-330827 FAX: 064-30321 EMAIL: [admission@must.ac.ke](mailto:admission@must.ac.ke)