



**BOMET UNIVERSITY COLLEGE**  
*(A Constituent College of Moi University)*  
**CENTRE FOR RESEARCH & POSTGRADUATE STUDIES**

Tel: 254-  
Ext.

Post Office Box 701 - 20400  
BOMET  
[www.buc.ac.ke](http://www.buc.ac.ke)



**SECTION A**

**NOTE:**

- i. That THREE (3) copies of this form should be completed and returned to the CENTRE FOR RESEARCH & POSTGRDUATE STUDIES, BOMET UNIVERSITY COLLEGE, POST OFFICE BOX 701 - 20400, BOMET, KENYA.
- ii. That the form should be typed or completed in block letters.
- iii. All applicants must attach copies of their certificates/transcripts, copy of their Identity Card/Passport, and Original Receipt of the Application Fee.
- iv. Applicants should also indicate the mode of study of interest whether: **Day/Evening/Weekend/Sandwich/Regular.**
- v. That only successful candidates will be contacted.
- vi. That the names appearing on this form should be the same as those on your certificates.
- vii. A non-refundable application fee of Kshs 2,000 is payable in form of Banker's Cheques or direct deposit to following Bomet University College Accounts: Cooperative Bank, Bomet Branch A/C 01129359078100 or National Bank, Bomet Branch A/C 01060202684700.

**1. PERSONAL DETAILS:**

Surname/Family Name: \_\_\_\_\_

Other Names: \_\_\_\_\_

Date of Birth: /\_\_\_\_/\_\_\_\_\_

Day Month Year

Gender:  Male  Female

Marital Status:  Single  Married

Citizenship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Current Address: \_\_\_\_\_

Permanent Address: (if different from the current address)



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**SECTION B**

**2. SECONDARY/HIGH SCHOOL(S) ATTENDED:**

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**3. UNIVERSITY EDUCATION OR EQUIVALENT QUALIFICATIONS OBTAINED:**

State the dates you attended University and the degrees you obtained including the classification. (attach copies of the certificates and academic transcripts showing the grades obtained in each course).

**a) FIRST DEGREE:**

- i. University attended: \_\_\_\_\_
- ii. Dates attended: \_\_\_\_\_
- iii. Field of study: \_\_\_\_\_
  - i. (e.g. History, Economics, Physics, Chemistry, etc)
- iv. Degree awarded: \_\_\_\_\_
  - i. (e.g. B.Sc. Upper 2<sup>nd</sup> Class Honours)
- v. Date awarded: \_\_\_\_\_

**b) SECOND DEGREE:**

- vi. University attended: \_\_\_\_\_
- vii. Dates attended: \_\_\_\_\_
- viii. Field of study: \_\_\_\_\_
  - i. (e.g. History, Economics, Physics, Chemistry, etc)
- ix. Degree awarded: \_\_\_\_\_
  - i. (e.g. B.Sc. Upper 2<sup>nd</sup> Class Honours)
- x. Date awarded: \_\_\_\_\_

**c) OTHER DEGREES/DIPLOMA (where applicable):**

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**d) RESEARCH EXPERIENXE (if any)**

(List of publications, research reports, dissertation, thesis etc). attach separate sheet if necessary.

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**e) EMPLOYMENT RECORD:**

Position	Place of Employment	Date of Employment (From – To)	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**f) What languages do you speak?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION C**

**4. THE HIGHER DEGREE APPLIED FOR:**

- i. Name of degree: \_\_\_\_\_
- ii. Faculty/School: \_\_\_\_\_
- iii. Department: \_\_\_\_\_
- iv. Campus:  Main Campus
- v. Field of study/programme: \_\_\_\_\_
- vi. Mode of study:  eLearning  School-Based Full-time  School-Based Part-time
- vii. Proposed date of commencement of study: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- viii. Expected date of completion: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- ix. Institution where research work is to be done in not at Bomet University College:  
\_\_\_\_\_  
\_\_\_\_\_

**5. If a doctoral applicant, provide and attach a concept paper (not exceeding 500 words)**

\_\_\_\_\_

\_\_\_\_\_

- 6. If a doctoral applicant, indicate if Master's degree was by coursework and thesis, or coursework and project, or course work only:**  Coursework and Thesis  Coursework and Project  Coursework Only

**7. Give the title of your master's degree thesis:**

\_\_\_\_\_

**8. Give the title of your master's degree project:**



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**9. Indicate how you intend to finance your studies:**

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**10. ACADEMIC REFEREES (Request your referees to write confidential report directly to the Director, SGS).**

Give names, contacts and designation of two referees.

**REFEREE 1**

Name, Title and Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**REFEREE 1**

Name, Title and Address: \_\_\_\_\_

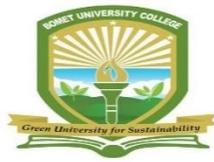
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I declare that all statements on this application from and any material filed in support here of are true, correct and complete and all required information has been disclosed. I acknowledge that providing incorrect information or withholding relevant information may result in the University College withdrawing any offer of a place and that withdrawal may take place at any stage during the course of study.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICATION CHECKLIST:**

1. Attached original application fee receipt.
2. Attached a passport size photo on each form.
3. Sent reference letters to the HOD, CENTRE FOR RESEARCH & POSTGRADUATE STUDIES.
4. Attached photocopies of both Academic and Professional certificates on each duly completed form.
5. Attached photocopies of your transcripts.
6. For doctoral applicants, attach concept paper.



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**SECTION D**

**TO BE COMPLETED BY THE UNIVERSITY COLLEGE**

**CRPS USE:**

**OFFICIAL STAMP**

**RECEIPT OF APPLICATION FORM**

Date of receipt: \_\_\_/\_\_\_/\_\_\_

Name of receiving officer: \_\_\_\_\_

Signature: \_\_\_\_\_

**Recommendation of the Chair Departmental/Programme Postgraduate Studies Committee:**

Accept       Reject

**Give reasons for Rejecting:**

\_\_\_\_\_

\_\_\_\_\_

Name of Chair: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**Recommendation of the CRPS Board:**

Accept       Reject

**Give reasons for Rejecting:**

\_\_\_\_\_

\_\_\_\_\_

Registered with effect from: \_\_\_\_\_

HOD CRPS: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_



**OFFICIAL STAMP**