



MMU/PGS/AD/008

Passport Photo

MULTIMEDIA UNIVERSITY OF KENYA

P O Box 15653-00503, Nairobi, Magadi Road, Kenya

Tel. +254 2141391/2/3 Fax: +254 2141247

(MMU is ISO 9001:2015 Certified)

POSTGRADUATE DEGREE ☐ MASTERS ☐ PhD PROGRAMMES
☐ POSTGRADUATE DIPLOMA ☐ (Tick as appropriate)

NOTES:

- a) This form should be completed in **Triplicate** and returned to the Director PostGraduate Studies, Multimedia University of Kenya P.O. Box 15653-00503, Nairobi.
- b) Sections A, B, C and D of this form should be completed in CAPITAL Letters.
- c) **Ensure that you attach the Following;**
- Certified copies of your KCSE Certificates, Degree Certificate(s) (Bachelors or/and Masters) and Transcripts
 - Copy of your National ID Card or/and Birth Certificate.
- d) ORIGINAL RECEIPT (Application Fee): Kshs. 1,500.00 for postgraduate Degree or postgraduate Diploma Programmes
- e) All payments to be Payable by BANKERS CHEQUE drawn in favor of Multimedia University of Kenya when **registering for the first time** and Kenya Commercial Bank Account No. 110-451-3447 or Equity Bank Limited Account No. 061-0262187946 Ongata Rongai Branch or any of their branches **thereafter**.

SECTION A: APPLICANTS PERSONAL DETAILS

1. Name:
(Surname) (Other Names)
2. Date of Birth: Gender: Marital Status: Religion:
3. Postal Address: Postal Code: Town:
4. Nationality: County:
5. Phone No. Email Address:



6. ID/Passport No.
7. Next of Kin..... Relationship.....Postal Address.....
Mobile Number..... Alternative Number in case of an Emergency
8. Do you have any form of disability? YES/NO..... If yes, Indicate the nature of disability.....

SECTION B: COURSE APPLICATION DETAILS

1. Name of postgraduate Diploma/ postgraduate Degree course applying for:
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.....
2. Mode of study (Tick) Full Time: () Evening/Weekend ()
3. Commencement Date (Tick) January () May () September ()
4. Campus (Tick) Main Campus at Mbagathi ()
5. Have you ever been admitted to Multimedia University of Kenya previously: YES () NO ()
If YES, indicate the previous Registration Number.....

SECTION C: INSTITUTIONS ATTENDED BY THE APPLICANT AND THE QUALIFICATIONS ATTAINED

List all institutions attended and the qualification attained starting with the Latest:

a)Secondary School attended	Year	Grade
Other relevant qualifications		
b)Institution Attended	Year	Qualification/Award

c) State any relevant academic/professional qualifications or experience

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SECTION D: APPLICANTS DECLARATION

I certify that the information given in this application is correct to the best of my knowledge and fully understand that any information found to be false would lead to automatic disqualification.

Applicant's full names:ID/Passport No:

Applicant's SignatureDate.....

SECTION E: FOR OFFICIAL USE ONLY

1. Recommendation by Chair of Department (Recommended ☐ Not Recommended ☐)

Comments.....

.....

HoD'S Signature.....Date.....

2. Approved by Dean of Faculty: (Approved ☐ Not Approved ☐)

Comments.....

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Dean of Faculty Signature.....Date.....

3. Approved by Director PGS: (Approved ☐ Not Approved ☐)

Comments.....

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Director Postgraduate Studies Signature.....Date.....

