



MULTIMEDIA UNIVERSITY OF KENYA
 P O Box 15653-00503, Nairobi, Magadi Road, Kenya
 Tel. +254(020)2071391, 0735900008, 0724257083
 (MMU is ISO 9001:2015 Certified)

Passport Photo

STUDENT COURSE APPLICATION FORM

PROGRAMME LEVEL: PhD () MASTERS () POSTGRADUATE DIPLOMA () Tick as appropriate)

NOTES:

- This form should be completed in **Triplicate** and returned to the Director, Postgraduate Studies, Multimedia University of Kenya, P.O. Box 15653-00503, Nairobi; or emailed to pgs@mmu.ac.ke
- Sections **A, B, C** and **D** of this form should be completed in CAPITAL Letters.
- The Application Fee is **Kshs.1500.00**
- Ensure that you attach the following:
 - Certified** copies of KCSE Certificates, Degree Certificate(s) Bachelors or/and Masters Academic transcripts.
 - Copy of your National ID Card or Birth Certificate.
 - All Payment for application fees must be made **through e-citizen** platform.
Lipa Na Mpesa
 Paybill No.222222
 Acc No. **MMUAPPL-YOUR NAME**
 - Please print and attach the E-Citizen payment message to your application

NB: The Name of the applicant MUST be captured on the Mpesa Message.

SECTION A: APPLICANTS PERSONAL DETAILS

- Name: (Surname) (Other Names)
- Date of Birth: Gender: Marital Status: Religion:
- Postal Address: Postal Code:..... Town:.....
- Nationality: County:.....
- Phone No. Email Address:
- ID/Passport No.
- Next of Kin..... Relationship.....
 Postal Address..... Mobile No.....
 Alternative Number in case of an Emergency.....
- Do you have any form of disability YES/NO If yes, indicate the nature of the disability



SECTION B: COURSE APPLICATION DETAILS

1. Name of of Programme applied for: PhD/Masters/Postgraduate Diploma

2. Mode of study (Tick) Full Time: () Evening/Weekend ()
3. Commencement Date (Tick) January () May () September () Year.....
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) University/College/ Secondary School Attended	Year (From... To)	Qualification/Award/Grade
Other relevant qualifications		
b) Other Institution Attended	Year (From.... To)	Qualification/Award

c) State any relevant academic/professional qualifications or experience



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 Signature Date.....

SECTION E: FOR OFFICIAL USE ONLY

1. Recommendation by **Chair of Department (CoD): Recommended () Not Recommended ()**
Comments.....

.....

CoD's Signature..... **Date**.....

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

Comments:.....

.....

Dean of Faculty: Signature..... **Date**.....

3. **Approved by Director Post Graduate Studies: Approved () Not Approved ()**

Comments:.....

.....

Director Post Graduate Studies: Signature..... **Date**.....

