

PhD APPLICATION FORM

Complete all appropriate sections in **block letters** and return with your **non-refundable application fee, copies and originals** of your certificates and other supporting documents to: **Office of the Registrar, KCA University, P.O. BOX 56808-00200, NAIROBI KENYA.** TEL: +254715532187 / +254792793056 / +254710888022 / +254734888022 / 020 8070408/9 /FAX: 254020-8561077

E-mail: <u>registrar@kcau.ac.ke</u> Website: <u>w</u>	ww.kcau.	ac.ke			AFFIX RECEN	
					PASSPO	RT
					РНОТО	os
Applicant's Name(s)						
Surname			First		Middle	
Date / Month / Year	r			D.1'.		
Date of Birth: / / Place of Birth:		Female Male Citizenship:		Religion: Marital Sta Single	atus:	
National ID No / Passport No:		Residential District:		Home Location:		
County of Origin (Home County):		County of Residence at the time of admission:		Any Form of Disability Yes No (Refer to Page 4 for details)		
Mailing Address/ Contacts						
P.O. Box / Postal Code / Town	Mobile a)	No(s).	Tel No. (office/house)	Email A	ddress	
	b)					
Next of Kin or Guardian's Details (Con Name		_	• •	olicant		
P.O. Box Posta						
Telephone		Em	ail address	•••••		
Course Name		Ar	ea of Specialization			
Preferred Intake / Year:			Mode of Study:			
January May May	Septembe	er 🗖	Part time			
						Page

How do you intend to fina	nce your studies	5 <i>t</i>			
Personal Savings	Company Spon	sorship			
Contacts (Tel/Mobile):					
Have you previously regis	tered with KCA	?			
Yes 🔲	No 📮	If	yes, gives your KCA Reg. Number		
Education (please list last	colleges or unive	ersities att	rended)		
Name	Period atte	ended			
(School/College)	From	То	Course/Education (Level attained e.g. certificate, diploma, degree)	Grade/Award	
College/University a).					
b).					
c).					
e).					
Current Employer Details	S				
Company Name		Position (Title)	Work Experience (Duration)	Address	
Relatives who have attend	ed KCAU (if an	y)	tionship Mobile No		
			donomp Woone No.		
How did you learn about I College Guide	NCA – <u>11CK ONE</u>		Exhibition KCA	U Student	
☐ Newspaper				CAU faculty	
□ TV			Relative	•	
			ege / High School Fair		
☐ KCAU Website				☐ KCAU alumnus/alumni	
Other (specify)					
				Pag	

	Birth Certificate		r
O level certifica	te or Result Slip		FOR OFFICIAL US
Academic Certi			
Current Detailed	d CV		Certified & Processe
4. Current Detailed CV 5. Recommendation Letter from		Certifica & Frocessee	
I. Employ	er (if sponsored)		Officer
II. Academ	nic Advisor e.g. Dean of fa	aculty / school, Lecturer or Head of Department	Officer
Two pages Cond	cept Paper		Sian
lition , applicants	s should bring;		Sign
Two colour pass	sport-size photographs		Date
	7.000 \ 1 1 1 \ 1 1		
cation fees (Ksh	s. 5,000) can be deposited	in one of the following KCAU bank accounts:	L
Bank Code	Account No.	Bank Name	
- 002	010 200 117 1100	Standard Chartered, Thika Road Mall Branch	
- 073	135 217 8	ABSA Bank – Sarit Branch	
- 007	643 228 001 5	NCBA – Wabera Street	
SINAL DEPOSI	IT SLIP must be attached	to the application form when forwarding to the admi-	ssions office
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	Recommendation I. Employ II. Academ Two pages Condition, applicants Two colour pass cation fees (Ksh) Bank Code - 002 - 073 - 007	Recommendation Letter from I. Employer (if sponsored) II. Academic Advisor e.g. Dean of farmula and the sponsored in the sp	Recommendation Letter from I. Employer (if sponsored) II. Academic Advisor e.g. Dean of faculty / school, Lecturer or Head of Department Two pages Concept Paper lition, applicants should bring; Two colour passport-size photographs cation fees (Kshs. 5,000) can be deposited in one of the following KCAU bank accounts: Bank Code Account No. Bank Name -002 010 200 117 1100 Standard Chartered, Thika Road Mall Branch -073 135 217 8 ABSA Bank – Sarit Branch



Student Disclosure of Disability

The University has a responsibility to provide all students with equal rights to participate in education and to be treated with dignity in a supportive learning environment. The University assists students with disabilities and/or significant health conditions to complete all University learning activities within the context that the interests of all parties affected are balanced and risks minimised. All of the University's programs and courses are available to people living with disability and/or significant health conditions, unless a reasonable accommodation cannot be made that maintains the academic, clinical and professional requirements of the Program/Course detailed in the Program Learning Outcomes (PLOs) or will cause unjustifiable hardship to the University.

KCA University asks students to disclose relevant information about circumstances that may impact on their capacity to undertake their studies and for the purpose of making reasonable adjustments. **Students have the option to complete this non-compulsory Disclosure Statement.**

Section A

Do you have a disability, health condition, or illness; or are you the primary carer of a person with a disability, health condition, or illness, that is likely to impact upon your (his/her) capacity to fulfil the requirements of a learning activity in a University program? **Please tick the box which you feel relates to you**

Trease tick the box which you real relates to you	
You have a social/communication impairment such as Asperger's syndrome You are blind or have a serious visual impairment You are deaf or have a serious hearing impairment You have a long standing illness or health condition such as cancer, HIV or epilepsy You have a mental health condition, such as depression or anxiety disorder You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D You have physical impairment or mobility issues You have two or more impairments and/or disabling medical conditions Autistic Spectrum Condition Other (disability, impairment or medical condition that is not listed above)	
You do not have a disability	
If you have declared a disability: Have you enclosed a letter from your General Practitioner (GP) or Specialist? Yes No If No, when will you be able to send this to us? Have you enclosed the report from the Educational Psychologist? Yes No If No, when will you be able to send this to us?	
Please enclose a copy of a current medical letter or a report from an educational psychologist and return this Admissions Office, Block C Welcome Centre. If you wish to withdraw your consent at any point please conta registrar@kcau.ac.ke or visit the Admissions Office for assistance.	
Section B I have read and understood the information on this form relating to disclosure of information about my disability and conscinformation, as described above, to be used and shared for the purpose of making reasonable adjustments to offer supportive environment. (If you do not consent to this, please speak to an Advisor and do not sign below).	
Student Signature: Date:	
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FOR OFFICIAL USE ONLY

a)	Recommendation by the Dean of Faculty/School
	Name of the Dean
	Faculty/ School
	Signature
	Date
b)	Recommendation by the Dean, School of Graduate Studies and Research
	Signature
	Date