



**KENYATTA UNIVERSITY
GRADUATE SCHOOL**

PARTIAL SCHOLARSHIP TUITION APPLICATION FORM

I. PERSONAL DATA

Name: P.F. No.:

Designation (Assistant Lecturer, Lecturer):

Department: School:

Reg. No.: Terms of Employment:

Title of Study:

.....

Total Fee for Program (KShs.): Total Fee Paid: (KShs.):

Amount of Scholarship requested (KShs.):

Signature of the applicant: Date:

II. CONFIRMATION BY THE FINANCE OFFICER

I hereby confirm that the above named member of staff has paid Kshs:
Towards their Ph.D degree program and has an outstanding balance of

Kshs: Signed:

III. RECOMMENDATION BY CHAIRMAN OF DEPARTMENT

.....
Signed:
Chairman, Department of:

IV. RECOMMENDATION BY DEAN OF THE SCHOOL

.....
Signed:
Dean, School of:

V. FOR OFFICIAL USE ONLY

i. Recommended by Ph.D Facilitation Committee:

Amount KShs.:

Dean, Graduate School

Name:

Signature

Date

ii. Approved by Management Board:

Amount Approved (KShs.):

Vice-Chancellor:

Signature

Date