



**KENYATTA UNIVERSITY
GRADUATE SCHOOL**

Ph.D RESEARCH GRANT APPLICATION FORM

Fill in Duplicate

I. PERSONAL DATA

Name: P.F. No.

Gender: Male Female

Email Address: Cell Phone:

Registration No: Terms of Employment:

Designation (Assistant Lecturer, Lecturer):

Department: School:

Year of Registration: Expected Completion Date:

II. RESEARCH DETAILS

Research Topic:
.....
.....

Last Date of submission of Progress Report:

First time applicant Second Third

If Second or Third, indicate reasons for not being successful in the previous time(s):
.....
.....

Total amount required for the Research work Kshs:

Amount requested from the University Kshs:

Amount received from other sources Kshs:

Period research is to be conducted: To:

Area where research is to be conducted:

III. RECOMMENDATIONS

i. Supervisor:

Name:

Signature: Date:

Percentage of work already done:

Comments: (To be submitted directly to the Dean, Graduate School)

Recommended:

Recommended with reservations:

Not recommended:

ii. Chairman of Department

Name:

Signature: Date:

Comments: (To be submitted directly to the Dean, Graduate School)

Recommended:

Recommended with reservations:

Not recommended:

iii. Dean of School

Name:

Signature: Date:

Comments: (To be submitted directly to the Dean, Graduate School)

Recommended:

Recommended with reservations:

Not recommended:

IV. ADDITIONAL INFORMATION

Any other relevant information:

.....
.....

V. CERTIFICATION BY APPLICANT

I hereby certify that all the information given in this application is correct and complete.

Signature: Date:

VI FOR OFFICIAL USE ONLY

Recommended by the Ph.D Facilitation Committee:

Amount Kshs.:

Dean, Graduate School

Name:
Signature Date

Approved by Management Board:

Amount Approved (Kshs.):

Vice-Chancellor:
Signature Date

Please enclose the following documents together with the application:

- i. Research Proposal
- ii. Evidence of Ph.D registration
- iii. Budget for the proposed research