

TANGAZA UNIVERSITY COLLEGE

The Catholic University of Eastern Africa

APPLICATION FOR ADMISSION*(Post-graduate programmes)*

P. O. Box 15055 00509 Nairobi – KENYA

Tel: +254-20-8067667/0732897000/0722204724

E-mail: inquiries@tangaza.ac.ke

Website: www.tangaza.ac.ke

This form should be completed in typed or printed block capitals and submitted to the college.**PERSONAL DATA (Please Type or Print)**

SURNAME

FIRST NAME

OTHER NAMES

GENDER: MALE FEMALE

CITIZENSHIP/COUNTRY OF ORIGIN

PASSPORT or ID NO. *(Indicate which)*

DATE OF BIRTH (DD/MM/YY)

TOWN/PLACE OF BIRTH

RELIGIOUS AFFILIATION

MARITAL STATUS: SINGLE MARRIED**FOR RELIGIOUS:** PRIEST DEACON SISTER BROTHER

DIOCESE

CONGREGATION

CONTACT INFORMATION (Please Type or Print)

PERMANENT ADDRESS

TELEPHONE NUMBER

E-MAIL

CONTACT IN EMERGENCY SITUATIONS/NEXT OF KIN

NAME

ADDRESS

TELEPHONE NO.

E-MAIL

PROGRAMME/COURSE INFORMATION (Please Type or Print)**REGISTRATION/STUDENT STATUS** FULLTIME PART-TIME AUDITING EVENING WEEKEND**SCHOOL/INSTITUTE AND PROGRAMME APPLYING TO: (Tick as appropriate)****School of Theology** Master of Arts in Theology (MA) Master of Pastoral Ministry (MPM)**Institute of Social Ministry in Mission** Doctor of Philosophy in Social Transformation (PhD) Master of Business Administration (MBA)*Foci (PhD):* Governance Management Social Entrepreneurship Ministry Sustainable Development Master of Arts in Social Ministry (MA) Master of Social Transformation (MST)*Specializations (MA and MST):* Governance Organization Management Sustainable Development Ministry Security and Sustainable peace

Institute of Youth Studies Master of Education in Guidance and Counselling (MEd.) Master of Arts in Counselling Psychology (MA)*Specializations (MA):* Youth Counselling Marriage and Family Counselling Trauma Counselling**Institute of Spirituality and Religious Formation** Master of Arts in Spirituality (MA)*Specializations (MA):* Spiritual Guidance Religious Formation Franciscan Studies**Christ the Teacher Institute for Education** Master of Education in Leadership and Administration (MED)**PAST ACADEMIC INFORMATION (Attach Supporting Documents)****HAVE YOU EVER STUDIED AT TANGAZA UNIVERSITY COLLEGE BEFORE?** No Yes If yes, Previous Student ID Number _____ Year of Enrolment: From _____ to _____

School/Institute _____

UNIVERSITIES/COLLEGES ATTENDED (List and attach supporting documents)

Institution	Duration	Programme/Award	Mark/Grade/GPA/Honours

RECOMMENDATION AND SPONSORSHIP (Please type or print)**Recommending Authority**

NAME	CONGREGATION/DIOCESE/ORGANIZATION
ADDRESS	TELEPHONE NO.
FAX	E-MAIL
_____	_____
SIGNATURE	DATE

Indicate How The Fee Will Be Paid

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Contact of Sponsor

NAME	SELF/CONGREGATION/DIOCESE/ORGANIZATION
ADDRESS	TELEPHONE NUMBER
FAX	EMAIL
_____	_____
SIGNATURE	DATE

Sponsoring community, province or house if the congregation has more than one community, house or province

sponsoring students in the College (Otherwise leave blank):

COMMUNITY/PROVINCE/HOUSE

ADDITIONAL INFORMATION

How did you find out about Tangaza University College:

- Word of Mouth Newspaper Television Church Visit Exhibition Flyer/Brochure Career Day School Visit
- Career guidance session Other (State) _____

APPLICANT'S SIGNATURE

I attest that the information provided in this form is true, correct and accurate.

APPLICANT'S SIGNATURE

DATE

CHECKLIST/DOCUMENTS TO SUBMIT WITH THIS APPLICATION

- A non-refundable application fee of KShs. 2,000 for Masters programmes and KShs. 3,000 for PhD/Doctoral Programmes
- Copy of your ID/Passport
- Two (2) passport sized photos
- Copies of all your degrees
- Copies of all transcripts
- Copies of all relevant Professional Qualifications
- Copies of relevant Higher Diplomas, Diplomas and certificates
- High School/Secondary School Certificate
- Curriculum Vitae/Resume
- Recommendation/Reference Letters (in a sealed envelope)
- Letter of interest. Include the following:
Why Tangaza is your institution of choice
Why the choice of programme and specialization
What you intend to do once you complete your studies
Time and financial considerations in your completing the programme

ALL APPLICATIONS SHOULD BE SUBMITTED TO TANGAZA UNIVERSITY COLLEGE

OR

**BY MAIL TO:
THE REGISTRAR
TANGAZA UNIVERSITY COLLEGE
P. O. BOX 15055-00509
NAIROBI
KENYA**

OR

**BY E-MAIL TO:
inquiries@tangaza.ac.ke**

FOR OFFICIAL USE ONLY

APPLICATION FEE

Amount (KShs.) _____ Receipt No. _____ Date _____

INTERVIEW PROCESS *(Where applicable)*

Date of Interview _____ Name of Interviewer _____

Recommendation: _____

Signature _____

POST-GRADUATE COMMITTEE

The above has been: Admitted Rejected Admitted conditionally

By the Post-Graduate Committee of the _____ Day of the Month of _____ of the Year _____

SCHOOL/INSTITUTE AND PROGRAMME ACCEPTED INTO: *(Fill this portion if the applicant is accepted/admitted)*

School/Institute: _____

Programme: _____

Semester/Trimester commencing studies _____

Duration of Studies: 1 Year 2 Years 3 Years 4 Years Other _____

Status: FULLTIME PART-TIME AUDITING EVENING WEEKEND

Special conditions for admission or comments _____

REASON(S) FOR REJECTING THE APPLICANT: *(Fill this portion if the applicant is rejected)*

- Lack of adequate academic qualification Lack of adequate Language proficiency
- Lack of required experience Lack of adequate preparation to join the programme
- Other (State) _____

Chair of the Post-Graduate Committee _____

Dean/Director's Signature _____

Registrar's Signature _____

Registration Number _____