

PHOTOGRAPH

Somaville University in Partnership with United International

University

**Application Form for Registration for Postgraduate Studies**

|  |  |  |
| --- | --- | --- |
| First Name | Middle Name | Last Name |
|  |  |  |
| Physical Address | **Telephone No.** | **Mobile No.** |
|  |  |  |
| Email Address | **Date of Birth** | **Nationality** |
|  |  |  |
| Identity / Passport No. | **Marital Status** | **Gender** |
|  |  |  |
| Colleges/Institutions / School attended, years attended and qualifications obtained |
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|  |
| University education and qualifications obtained (state the dates you attended the University Institution, the qualifications obtained. You should attach copies of the degree certificates and academic transcripts showing the grades obtained in each course. |
|  |
|  |
|  |
| University attended (FirstDegree) | **Dates attended (FirstDegree)** | **Fieldof Study (FirstDegree)** |
|  |  |  |
| Degree awarded (FirstDegree) | **Date awarded (FirstDegree)** | **University Website (FirstDegree)** |
|  |  |  |
| Additional qualifications(*where applicable*) |
|  |
|  |
| The postgraduate course applied for (Applicants should consult the Department and Faculty / Institute /School before completing this section) |
| Nameof degree | **Faculty / Department** | **Fieldof Study** |
|  |  |  |
| Name two persons who are prepared to acts your referees. They should be well placed to report on your potential as postgraduate student in your chosen field of study and preferably should have been your lecturer in degree of courses |
| Full Name (First Referee) | **Mobile No. (First Referee)** | **Email Address: (First Referee)** |
|  |  |  |
| Full Name (Second Referee) | **Mobile No. (Second Referee)** | **Email Address: (Second Referee)** |
|  |  |  |
| To be completed by the Academy  |
|  |  |  |

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that all information in this application is true and complete and I am the author of my personal statement. I understand that Somaville University and United International University may verify any information I have provided. Falsification or omission of information and credentials may result in the withdrawal of my application or in the revocation of admissions, financial award, or registration.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For official Use Only**

**Senate decision:** (tick one)

|  |  |  |  |
| --- | --- | --- | --- |
| **Admitted** |  | **Course offered**  |  |
| **Not admitted** |  |

**Comment:**

|  |
| --- |
|  |

**Recommendation by the Board of Postgraduate Studies (Enter below ACCEPT or REJECT as may be applicable)**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**