

**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.org

Website: www.tangaza.org

***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**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**

--

**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.org**

**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 \_\_\_\_\_