



University of Eastern Africa, Baraton

● Integrity ● Excellence ● Commitment ● Teamwork ● Professionalism

Recent
Passport
size
photo

Graduate Studies Application Form

Phone: +254 748267793/+254 714 333 111/+254 717 333 111/+254 731793934 Email: admissions@ueab.ac.ke

Website: www.ueab.ac.ke PO BOX 2500-30100

First Name: _____ Second Name(s): _____ Last Name: _____

(Note: Order of names as they appear on your KCSE or Secondary or High School Certificate)

Phone No: _____ Email: _____ Date of Birth (dd/mm/yyyy): ____/____/____

Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married Nationality: _____

Passport/National ID _____ Religion: _____ Denomination: _____

County: _____ Location: _____ Sub-location: _____

Are you coming with your family? ☐ Yes ☐ No If yes, number of Children _____

Do you have any special need? ☐ Yes ☐ No If yes, tick the need: ☐ Mental ☐ Physical ☐ Hearing

☐ Sight ☐ Sensory ☐ Other _____

Desired program: ☐ MA ☐ MBA ☐ MEd. ☐ MSc. ☐ MPH ☐ PhD

Specific area of study/Concentration _____

Mode of study: ☐ Full-time (Regular) ☐ Blended Online

Semester and year for which you are applying? ☐ 1st (August) ☐ 2nd (January) ☐ 3rd (May) Year _____

Proficiency in English: a. Written: ☐ Excellent ☐ Good ☐ Poor

b. Spoken: ☐ Excellent ☐ Good ☐ Poor

While at UEAB, where do you plan to stay? ☐ University Hostel ☐ Staff Home ☐ Off Campus

While at UEAB, where do you plan to stay? ☐ University hostel ☐ Faculty/Staff home ☐ Off campus

How did you find out about UEAB? Through: ☐ UEAB Student/Worker (Name) _____
☐ Career Exhibition ☐ Alumni ☐ Family Member ☐ Television
☐ Church Promotion ☐ Online Search (google) ☐ Newspaper
☐ Social Media (Face-book, instagram...) ☐ Other _____

Provide the names of three referees who can completely comment on your character and ability to pursue post graduate studies. **Two** of them **must** come from the **College or University last attended**, and the **third** one from your **Religious leader or place of work or profession**. Names and Addresses of three referees:

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

Statement of Financial Responsibility by: ☐ Parent ☐ Guardian ☐ Sponsor ☐ Self

☐ I fully accept responsibility for the payment of the applicant's complete tuition and related fees at the university of Eastern Africa, Baraton. I hereby undertake to ensure that all payments are made in accordance with the University's official time-lines and prescribed procedures.

Name: _____ Signature _____ Date _____

Applicant's Commitment:

☐ I hereby affirm that the information provided in this application is accurate, complete and truthful to the best of my knowledge. Upon admission to the University of Eastern Africa, Baraton, I solemnly commit to upholding its regulations, standards and expectations with integrity in both academic and spiritual life. I will adhere to the university's principles outlined in the Student Handbook and Official Communications, conducting myself in a manner consistent with the university's Seventh-day Adventist heritage. I declare myself to the growth of wisdom, character, and service through a Christ-centered education, guided by the words of **Colosians 3:23 (KJV): "And whatsoever ye do, do it heartily, as to the Lord, not unto men."**

Kindly verify your submission by ticking the confirmation box, then send your documents to
admissions@ueab.ac.ke

- ☐ Transaction message/payment receipt for application fee
- ☐ Certified photocopies of college or university diplomas or degree certificates
- ☐ Two recent passport-size -photos (***Without jewelery, dread-locks and colored hair***)
- ☐ Three letters of recommendation from referees
- ☐ Certified copies of official transcript from each college/university attended (certified by the institution or Commissioner of Oath)
- ☐ Copy of KCSE Certificate
- ☐ Updated curriculum vitae (CV)
- ☐ Certified copy of current practice license (for MScN applicants only)

☐ By submitting this application for admission to the University of Eastern Africa, Baraton (UEAB), I hereby acknowledge and consent to the collection, processing, storage, and sharing of my personal data by the University in accordance with the Kenya Data Protection Act, 2019; and Data Protection Policy of the University of Eastern Africa Baraton

Name: _____ Signature _____ Date _____

Application Fee (Non refundable)

Kenya Shillings 2500 paid through any of the following methods:

Mpesa paybill number: **4077813**
Account number: **APPLICATION FEE**

OR

USD Account name: **University of Eastern Africa, Baraton**
Bank Name: **Kenya Commercial Bank**
Branch: **Kapsabet**
Account number: **1102100692**
Swift Code (Routing Number): **KCBLKENX**

Psalm 32:8-9 "The LORD says, "I will guide you along the best pathway for your life. I will advise you and watch over you. Do not be like a senseless horse or mule that needs a bit and bridle to keep it under control." (NLT)



Graduate Studies Evaluation Form

Phone: +254 748267793/+254 731793934/+254 714 333 111/+254 717 333 111 Email: admissions@ueab.ac.ke
Website: www.ueab.ac.ke PO BOX 2500-30100

PROPOSED DEGREE PROGRAM: _____

TO THE APPLICANT: Provide the information requested above, then take or mail this form to a person who can correctly and rightly comment on your character and ability to pursue graduate studies. At least two forms must be completed by instructors who taught you in the college or university last attended, and the third one by the current or last employer, or your Religious Leader. **Do not ask any of your relatives to fill this form.** Ask the referees to return these forms to the Registrar as soon as possible or to give it to you in a sealed envelope so that you can mail them yourself. No application will be processed until all the required evaluation forms have been received by the Registrar of Admissions and Records.

Name: _____ Signature _____ Date _____

TO THE EVALUATION REFEREE: The University will greatly appreciate a confidential assessment from you concerning this applicant.:

How long have you known this applicant? _____ In what capacity have you known this applicant? _____

In comparison with other students you have known at similar stage of development, rate the applicant by checking the appropriate boxes.

AREAS OF ASSESSMENT	Excellent Top 5%	Very Good Top 10%	Good Top 25%	Average Upper 35%	Below Average Below 50%
Self-motivation for graduate study					
Potential or ability for graduate study					
Ability to carry out an independent research project					
Originality and imagination					
General knowledge					
Ability to meet deadlines					
Knowledge of proposed area of study					
Scholarly ability					
Intellectual ability					
Ethical Standards and Personal Integrity					
Expression Skills in Written English					
Expression Skills in Oral English					
Reliability					
Leadership ability					

For applicants whose first language is not English, please comment further regarding your judgment in applicant's ability or proficiency in use of English _____

Please use reverse side to provide any further information that you feel may help in assessing this person's application to our graduate program. In your opinion does the applicant possess the intellectual and personal qualifications necessary for graduate work? _____

Full Name _____ Institution _____ Position _____

Phone _____ Email _____ Signature _____

Date _____