

AMREF INTERNATIONAL UNIVERSITY



SCHOOL OF HEALTH SCIENCES

APPLICATION FORM - MASTERS

1. Complete all appropriate sections in capital/block letters
2. Return with a non-refundable application fee of Kshs. 2,000 for Kenyan Citizens or 20 US Dollars for Non-Kenyan Citizens
3. Attach a copy of National ID/Passport, certified copies of academic/professional certificates, school leaving testimonials and updated CV

**Affix one of
your current
passport size
photographs
here**

SECTION A: PERSONAL DATA

(Fill in your details below)

Full Name: _____

Email address: _____

Phone number: _____

Sex: _____

Nationality: _____

Date of Birth: _____

Passport/ID Number: _____

Next of Kin contact details: Phone No & email address: _____

SECTION B: COURSE DETAILS

(Which course are you interested in?)

- a) MSc in Health Professions Education
- b) Master's in Public Health
- c) MSc in Medical/ Health Research

SECTION C: INTAKE OPTION

When do you plan to start the course?

- a) September 2018
- b) January 2019

What is your preferred mode of study?

- a) Fulltime (Monday – Friday 8.00 am – 4.30 pm)
- b) Part time (Monday – Friday 5.30 pm – 8.30 pm)

SECTION D: EDUCATIONAL BACKGROUND

Secondary Schools/Colleges/Universities attended. Attach copies of all academic qualifications. Start with the highest qualification

Institutions/ Schools Attended	Certificate/ Diploma Obtained	Grade attained/ classification	Year (from-to)	Attach copy of certificate here

SECTION E: WORKING EXPERIENCE (applicants with work experience only)

Work history starting with the most current

Employer, Address/ Phone contact	Designation/ Post	Year (from-to)

SECTION F: SUBMISSION OF APPLICATION FORMS

1. Submit completed application forms to the Dean, Health Sciences on e-mail deanshs@amref.ac.ke or Drop them off at our Lang'ata Road Main Campus
2. Deposit a non-refundable application fee of KShs.2,000 (USD 20) in any branch of Kenya Commercial Bank. The account details are indicated below:

Bank Name: **KENYA COMMERCIAL BANK**
 Account Name: **AMREF INTERNATIONAL UNI R TRUSTEES**
 Account Number: **1221632108**
 Payment Reference: **(Quote your National Identification Number)**

Or

Mpesa Paybill -Amref

Business No: **000555**

Account No: **(Quote your National Identification Number)**

Write your name on the back side of the bank slip and attach the original bank slip to your application form.

SECTION G: ENQUIRIES

Email: enquiries@amref.ac.ke

For further enquiries call:

Vivian (m) +254 741 743871

or Monica (m) +254 772 354946

SECTION H: FOR OFFICIAL USE ONLY

Date received and acknowledged

Payment of application fees

Payment mode: Mpesa or Bank

Payment date:

Transaction Reference Number:

Comments by the admissions panel

Recommendation