

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](mailto: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: [enquiry@amref.ac.ke](mailto:enquiry@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**