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APPLICATION FOR ADMISSION TO PHD PROGRAMME

APPLICATION PROCEDURE

1. Before completion read all of the forms and any accompanying letter and information.
2. Please type all information or print in ink.
3. Send all completed forms with Ksh. 2,000/= non-refundable application fee to:

The Registrar
Daystar University
P.O. Box 44400
NAIROBI 00100, KENYA

Tel: 254-020-2723002/3/4 Nairobi
254-045-22601/2/3 Athi-River
Fax: 254-020-2728338, 045-22420
Email: admissions@daystar.ac.ke

NB: Application form must be completed and all supporting documents attached before it can be processed

PERSONAL INFORMATION

Last (family) name _____			Middle Name _____			First Name _____		
Date of Birth ____/____/____			Citizenship _____					
Country of Birth _____			Passport No.*/ID _____					
Sex:			Female <input type="checkbox"/>			Male <input type="checkbox"/>		
Marital Status:			Single <input type="checkbox"/>			Married <input type="checkbox"/>		
			Divorced <input type="checkbox"/>			Widowed <input type="checkbox"/>		
Years of formal education in English: (Indicate years at each level)								
Primary _____			Secondary _____			Post secondary _____		
Other Languages spoken _____ or written _____								
* If you are a foreign applicant complete the student information sheet and return with a letter from your sponsor guaranteeing payment & a copy of passport								

CURRENT ADDRESS

Postal Address _____			Code _____		
City/Town _____			Country _____		
Telephone (Home) _____			(Office) _____		
Email _____			Mobile _____		

NEXT OF KIN

Name _____			Relationship to applicant _____		
Address _____			Telephone _____		
Email _____			Mobile _____		

EDUCATION INFORMATION

Please list all the colleges, or universities previously attended

Name of Institution	Area of Study	Period of Study	Degree/Diploma/Class
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____

Are you presently engaged in further studies? Yes No

If yes, describe these studies _____

What academic or non-academic honors or distinctions have you received?

Research Experience (if any) _____

ENROLLMENT INFORMATION

PhD in _____

I would like to be considered for: Daytime classes (full time) Evening classes

ACADEMIC REFERENCES

Name two persons who are prepared to act as referees on your behalf. They should be well placed to report on your potential as a doctoral student.

Name _____	Name _____
Address _____	Address _____
_____	_____
Email _____	Email _____

WORK EXPERIENCE & RESPONSIBILITIES

WORK EXPERIENCE			
Year(s)	Name of Organisation	Type of Work	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER RESPONSIBILITIES NOT RELATED TO WORK			
Year	Name of Organisation	Type of Work	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL STATEMENT (Use additional paper if necessary)

a) Which church do you attend? _____

b) How often do you attend church? _____

c) Are you a registered member? Yes [] No []

d) Do you recognize Jesus Christ as Lord and Savior of your life?
Yes [] No [] Uncertain []

e) Please explain your answer to question (d):

f) Briefly state how and when you came to know Jesus Christ as your Lord and Savior? (If answer to (d) is yes.)

g) What career goals do you hope to achieve from your studies in Daystar University?

FINANCIAL INFORMATION

How do you expect to meet the financial expenses for study while at Daystar?

[] Fundraising [] Sponsorship [] Parent/Guardian
[] Self-sponsorship [] Employer [] Other _____

ADDITIONAL INFORMATION

How did you learn about Daystar University (Tick as appropriate)

[] Friends [] Advertisement [] Other _____
[] Family [] Internet
[] Career Fair [] Church

Why do you wish to study at Daystar University? (Give a brief account)

I certify that all information given is true and accurate to the best of my knowledge. False information may lead to dismissal if admitted.

Signature _____

Date _____



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STUDENT STATEMENT OF CHRISTIAN COMMITMENT

- 1) Names _____ Student Number _____
Address _____
- 2) Marital Status
 Single Separated Divorced Widowed Polygamous
- If married:
 Traditionally Church Attorney General or Registrar
- 3) Church Background
- a) Denomination _____
 - b) Local church where you attend/fellowship _____
 - c) Are you a member? Yes No
 - d) Details of Baptism
 - i) Date _____
 - ii) Place (church) _____
 - iii) Pastor/Vicar/etc. _____
 - e) Confirmation (or equivalent) details (where applicable)
 - i) Date _____
 - ii) Place (church) _____
 - iii) Presiding Pastor/Vicar/etc. _____
 - f) Carefully state your most prominent/key contributions in your local church or in your local Christian community over the last two years.
 - i) _____
 - ii) _____
 - iii) _____
 - iv) _____
 - v) _____
- 4) Personal Commitment to Jesus Christ: Please answer the following:
- a) What do you understand by the term “salvation” (“born again”)? _____
 - b) What do you understand by the term “original sin”? _____
 - c) Have you been “saved” (“born again”)? Yes No Not sure
 - d) What does Jesus mean in your life? _____
 - e) What is the role of the Holy Spirit in the Christian life? _____
 - f) Is it necessary for you personally to regularly attend a church service or chapel?
 Yes No
Why or why not? _____

- 5) Christian Practice: Please respond to the following:
- a) How should you, as a Christian dress? _____

 - b) Describe the principles you apply in achieving academic honesty.

 - c) How do you determine:
 - i) The kind of music you listen to? _____
 - ii) The kind of movies (TV programmes, videos) you watch? _____
 - iii) The kind of literature you read? _____

 - d) What are some of the principles you apply in dating? _____

 - e) Under what circumstances would it be permissible to engage in sexual relations outside of marriage?

 - f) What is your opinion about each of the following activities?
 - i) Drinking alcohol _____
 - ii) Smoking _____
 - iii) Taking drugs _____
 - iv) Sex before marriage _____

- 6) Personal Testimony: Please write a half-page to one-page testimony, in your own words, addressing each of the following (as a minimum):
- a) Describe how and when you came to know Jesus as your Saviour (if you have).
 - b) Describe how this has affected your life.
 - c) What are the challenges that you face in your Christian life and how do you handle them.
 - d) What are your expectations regarding your spiritual life and growth while you are at Daystar



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DAYSTAR UNIVERSITY CODE OF CONDUCT

Daystar University is a Christian institution; a community of believers from various ethnic groups, nations and church communions. All students are required to be already recognized as a Christian and exemplify a God controlled life both on and off the Daystar campuses. They express that by coming here, Jesus Christ is Lord of their lives and that they wish to express His life in thought, word, and deed. The University code of conduct is fully documented in the Student Handbook and every student is expected to read it. The summary is given here below.

The expression of the life of Christ is manifested in several ways.

FIRST: One constantly tries to live an “ambassador of Christ” and to be sure that one’s behavior does not bring reproach to the Savior.

SECOND: When one sees a brother or sister whose life appears to fall short of this standards in some particular areas, it is one’s responsibility to go to that person privately and “speak truth in love” to help that brother walk worthy of the Lord.

THIRD: There are significant parts of the body of Christ whom Daystar serves who believe certain behaviors are sinful or unbecoming to a Christian. We recognize that sincere followers of Christ honestly differ in their view of some of those things and we recognize that Christians in other contexts might order their lives somewhat differently. However, we also believe that as a community we should govern our lives so as to maintain the ministry of Daystar to the whole church in Africa and to support Daystar’s witness to people from all walks of life.

FOURTH: The mission of Daystar University is to train and equip servant leaders for the expansion of God’s kingdom in the world with special focus on Africa. The emphasis is on equipping Christians for effective service in the communities where they live so as to win disciples for the Kingdom of God. The Gospel must be effectively communicated by every Christian – the laity and the ordained; the businessman and the teacher; the technologist and the professor. It is our prayer that students will develop life habits that will help them communicate God’s word to their neighbors.

CONSEQUENTLY: Daystar regulations are designed to allow the fullest liberty consistent with efficient service and with love for those who differ in their views.

SPECIFICALLY: Smoking, gambling, use of intoxicating liquor, use of illegal drugs, use of obscene or pornographic material, indulgence in immoral sexual behavior, wearing of mini dresses, bare backs, or any other indecent clothing, absence from chapel without acceptable reason, and other practices questionable in the Christian community are not permitted to students of Daystar University. In addition, for those who are married, we expect their marriage to be solemnized by the Church.

FURTHER: As a community of believers, Daystar faculty, staff and students believe in the biblical approach to settling of grievances or misunderstandings that may from time to time occur (Matt18:15). Boycotts, strikes, riots, sit-ins, or any form of mass indiscipline, protest or unruly behavior is not permitted to students of Daystar University. Any form of involvement or participation in any of the above will lead to disciplinary action that may result in suspension or dismissal.

ANY STUDENT who will not confirm to this code or whose conduct is detrimental to the total welfare of the Daystar community shall be subject to disciplinary action that may result in suspension or dismissal.

Acceptance of the Code of Conduct

I agree to abide by the Daystar University Code of Conduct. I further agree to accept any action (up to and including dismissal) taken against me by the school if I violate the code of Conduct. I further understand that my agreement to the Code of conduct is a condition of my acceptance for, or continuation in, study at Daystar University.

Full name: (print) _____ Reg. No. _____

Signature _____ Date _____



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PERSONAL REFERENCE FORM

Part I of this form should be completed by the applicant. **The form should then be given to the Pastor or a Leader in the Christian ministry of which you are a part of to complete Part II and send the form to the Registrar.** (The Pastor or Christian Leader should be someone who knows the applicant personally.)

PART I (To be completed by applicant)

Name _____

Present address _____ Code _____

Course applied for _____

I request that this recommendation be treated as confidential to the officers and faculty of Daystar University. I understand that it will be used solely for decision on my application for admission and this reference will not be made known to anyone else.

Signature of applicant _____ Date _____

PART II (To be completed by a Pastor/Christian Leader)

Applicants for the academic programmes offered by Daystar University are considered on the basis of their clear testimony, their present role in the Christian ministry and evident leadership ability that will enable them to utilize Daystar training effectively. Please complete this form carefully and honestly, and return directly to the Registrar, Daystar University.

1. How long have you known the applicant?
 Less than 1 year 6-10 year
 1-5 years more than 10 years
2. How well do you know him/her?
 just by name and sight
 casually; have had some personal contact
 fairly well; have had a number of personal contacts
 very well; have had a close pastoral relationship with applicant
3. To the best of your knowledge, has the applicant made a personal commitment to Jesus Christ?
 Yes No I don't know
4. To what extent is the applicant engaged in the activities of your Church?
 Very irregular in attendance, little interest in activities.
 Regular in attendance but seldom participates in activities.
 Is cooperative and usually willing to help in church activities
 Enthusiastically engaged in church activities.

5. How does he/she relate to others?
 outgoing moody
 shy respected by others
 keeps to himself/herself I don't know
6. How do you perceive his/her abilities? (Check all that apply)
 performs well academically artistic
 public speaker/teacher administrative skills
 good in counseling and interpersonal relationships
7. In your opinion, does the applicant possess any outstanding abilities or talents? Please describe.
8. To your knowledge, does the applicant smoke, drink, use habit-forming drugs or participate in any immoral practices? Please comment.
9. Please add any other comments that you would consider helpful in our considering this applicant for admission to Daystar. These might concern such topics as loyalty to the church, leadership abilities, concern for others, emotional stability and ability to work with others.
10. Based on the knowledge of the applicant, and your understanding that Daystar University only admits committed (born again) Christians, do you recommend that we accept him/her for a course at Daystar?

Comments: _____

Name (Print) _____

Address _____ Code _____

Telephone/ Mobile _____ Email _____

Church _____

Your Position _____

Kindly stamp here with
 the official stamp



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CERTIFICATE OF HEALTH

This form is to be completed and returned by the medical officer examining the applicant.

PART I (To be completed by the applicant)

Name _____ Date of birth ____/____/____

Address _____ Sex: [] Female [] Male

Incase of **emergency**, the following person(s) should be notified:

Name _____ Relationship to applicant _____

Telephone (office) _____ (Home) _____

Address _____ Code _____

MEDICAL HISTORY

Have you ever been admitted into hospital? Yes [] No []

If yes, state reason for admission and date _____

Do you suffer from any physical disability? Yes [] No []

If yes, please explain _____

Do you require any special diet? Yes [] No []

If yes, specify? _____

Do you have a medical insurance cover? Yes [] No []

If yes, state the terms of the cover: Inpatient [] Outpatient [] Both []

Duration of cover _____

Name of insurer? _____

Are there any other relevant details of your medical history not covered by this page? Please give particulars. _____

Applicant's signature _____

Date _____

PART II (To be completed by examining medical Officer)

- a. Height _____ Weight _____
- b. Visual acuity
Without glasses R.6/ L.6/
With glasses R.6/ L.6/
- c. Hearing Right ear _____ Left ear _____
- d. Condition of:
Teeth _____
Nose _____
Throat _____
- e. Lymphatic glands _____
Circulatory system _____
Pulse _____
Blood Pressure _____
Respiratory system _____
- f. Abdomen _____
Spleen _____
Any evidence of hernia _____
- g. Any other observation of importance (e.g. physical or mental disabilities) _____

Signature of physician _____ Stamp

Address and qualifications _____



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STATEMENT OF SPONSORSHIP

This is to be completed by the sponsor who will be responsible for the applicant's expenses. If applicant will pay own expenses, the applicant should complete it.

PART I: (To be completed by applicant)

Name of applicant _____

Citizenship _____ Date of birth ____/____/____

Applicant is enrolling for: PhD in _____

Applicant intends to study: Full – time Part-time

Signature _____ Date ____/____/____

PART II (To be completed by sponsor)

Name _____

Relationship to applicant _____

Address _____

Telephone (office) _____ (Home) _____

I/We are interested in sponsoring _____ at

Daystar University for the period from _____ to _____

Sponsorship will include: Tuition & Books Pocket money

Room & Board Other _____

I/We understand that all charges are payable on or before the first day of the semester and will undertake to make timely payments.

Signature _____ Date _____

(If sponsor is an organization please indicate name and position)

Name _____ Position _____

INSTRUCTIONS

The application form should be filled and the accompanying documents attached. Please ensure that the Personal Reference Form and the Medical Form are filled and mailed to the Registrar by the respective persons. If received from the applicant they should be in an envelope sealed by the referee and medical officer.

Applications duly completed should be returned to the Registrar on or before:

JANUARY INTAKE	▶	30TH NOVEMBER
AUGUST INTAKE	▶	30TH JUNE
MAY INTAKE	▶	30TH APRIL

What to send to the Registrar:

- A signed and completed application form
- Non – refundable application fee of Khs. 2,000 (US\$30.00)
- Official copies of all college & university certificates*

** Students from non- English speaking countries need to send translated and certified documents of their academic records*

- Pastor's/ Church leaders recommendation form
- Medical form
- Financial information sheet
(Foreign students need to include a financial letter from sponsor guaranteeing payment)
- 2 recent passport size photographs (4 passport size photographs for foreign students)
(Please write your full names on the reverse side of the photographs)
- Completed student information sheet and a copy of the first two pages of your passport.
(For foreign students only)

Graduate students should also include the following:

- Official transcript of your degree and copy of certificate
- A Curriculum Vitae (résumé)
- A 5,000 word research proposal