



Attach recent, passport-sized photograph here

APPLICATION FOR ADMISSION TO PHD IN CLINICAL PSYCHOLOGY 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 Male
Marital Status: Single Married Divorced Widowed
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

<b>Name of Institution</b>	<b>Area of Study</b>	<b>Period of study</b>	<b>Degree/Diploma/Class</b>
.....	.....	To .....To.....	.....
.....	.....	To.....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 ....

**PART 111: WORK EXPERIENCE & RESPONSIBILITIES**

**WORK EXPERIENCE**

Year(s)	Name of Organization	Type of Work	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**OTHER RESPONSIBILITIES NOT RELATED TO WORK**

Year	Name of Organization	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 Clinical Psychology studies in Daystar University?  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL INFORMATION**

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

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Fundraising      | <input type="checkbox"/> Sponsorship | <input type="checkbox"/> Parent/Guardian |
| <input type="checkbox"/> Self-sponsorship | <input type="checkbox"/> Employer    | <input type="checkbox"/> Other _____     |

**ADDITIONAL INFORMATION**

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

- |                                      |  |                                      |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Friends     | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Family      | <input type="checkbox"/> Internet      |                                      |
| <input type="checkbox"/> Career Fair | <input type="checkbox"/> 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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Website: [www.daystar.ac.ke](http://www.daystar.ac.ke)

### ACADEMIC REFERENCE FORMS

Part I of this form should be completed by the applicant. The form should then be given to an academic referee.

#### **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 \_\_\_\_\_



Give this form to each of your two referees. They should fill this form and return it to Daystar University in a Confidentially sealed and stamped.

**PART II (To be completed by each of the referees)**

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 academic relationship with applicant
  
3. How does he/she relate to others?  
 outgoing     moody  
 shy     respected by others  
 keeps to himself/herself                       I don't know
  
4. 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
  
5. To your knowledge, does the applicant smoke, drink, use habit-forming drugs or participate in any immoral practices? Please comment.
  
6. Based on the knowledge of the applicant, do you recommend that he/she be accepted to study at Daystar?

Comments: \_\_\_\_\_

Name (Print).....

Address .....Code.....

Telephone/Mobile ..... Email .....

Academic Institution .....

Your position .....

Kindly stamp here with an official stamp

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Website:

## PRINCIPLES GOVERNING STUDENT CONDUCT & DISCIPLINE

### Introduction

Daystar University is a Christian institution of higher learning, a community of scholars from various racial and ethnic groups, nations and backgrounds. Pursuant to its mission, vision and core values, Daystar University offers a Christocentric education with a view to serving the Church and society whose curriculum includes general education courses required for all students. By coming to Daystar, the students indicate their commitment to comply with the existing standards and values of Daystar University in thought, word and deed. It is expected that they will exemplify a God-controlled life, both on and off the Daystar campuses.

Upon admission students are expected to familiarize themselves with the contents of students' handbook.

### Spiritual Nurture

The Chaplaincy team spearheads the spiritual nurture activities in the University. All students commit themselves to participate in all University spiritual nurture programs including but not limited to chapel-attendance, bible study groups and mentorship programs.

### Discipline

Daystar University trains and equips servant leaders for the expansion of God's Kingdom in the world, with special focus on Africa. *Effective leaders must be disciplined in word, action and thought life. The following are not permissible to students of Daystar University:*

- *Use or possession of alcohol,*
- *Use of illegal drugs*
- *Use of obscene or pornographic materials,*
- *Indulgence in immoral sexual behavior*
- *Use of offensive language,*
- *Indecent dressing,*
- *Plagiarism and any other form of academic dishonesty*
- *Absenting oneself from classes and chapel,*

and other practices which are questionable in Christian living.

### Dress Code

Daystar University aspires to inculcate a culture of professionalism in all aspects of an individual's physical appearance. The standard expectation with regard to hairstyle and dressing for both men and women is cleanliness, modesty and decency. It is also unacceptable to pierce one's nose, navel, eye, brows, and tongue or to wear tattoos on one's body.

**Standard of dress for Women**

The length of dresses and skirts should be below the knee line (when standing and sitting). Skirt slits should be modest and should not be above the knee. Dressing that is unacceptable for female students includes but not limited to low necklines, body tight trousers, bare-backs, navel-gazers (tumbo-cut), see through clothing, and spaghetti tops among others.

**Standard of dress for Men**

Male students are expected to wear properly groomed hair. They are not allowed to braid their hair in any form of locks or braids, wear head-scarf, earring and studs, sagging trousers, hats in class or Chapel functions and they are not allowed to display bare chest.

**Resolving Grievances**

The Daystar University community believes in the dialogue approach to settling of grievances or misunderstandings that may arise from time to time. Every opportunity will be provided for dialogue. Therefore, boycotts, strikes, riots, sit-ins, protests, unruly behavior, incitement or any form of mass indiscipline are not allowed for students at Daystar University.

**Any student who will not conform to this code, or whose conduct is detrimental to the total welfare of the Daystar community, shall be subject to disciplinary action, which may result in suspension or dismissal.**

I have read and understood the principles highlighted herein and I commit myself to abide by them

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

In the presence of : (Can be Parent/Guardian/Spouse/Sponsor/Employer)

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship \_\_\_\_\_



**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



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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 \_\_\_\_\_



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## INSTRUCTIONS

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

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

**31<sup>ST</sup> AUGUST FOR JANUARY INTAKE. STUDENTS ARE**

**ADMITTED ONLY ONCE IN A YEAR.**

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 High School, College & University certificates and transcripts\*

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

- ◇ Two (2) duly completed forms by referees
- ◇ 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 transcripts of your previous degrees and copies of certificates
- ◇ A Curriculum Vitae (résumé)
- ◇ Submit a written essay of 1000 words covering the following areas:  
State your interest in the field of Clinical Psychology, profession experience (if any), and your reason for choosing Daystar University and choice to pursue PhD. at this point in your life.

Applicants who are shortlisted will be invited for an interview that will provide an opportunity for them to present their qualifications for admission and for faculty evaluation of student skills. International applicants will be interviewed by telephone by one or more members of the admissions committee. The Admissions Committee reserves the right to determine, in its sole discretion, whether a candidate is suitable for admission to the PhD. Program.

Upon notification of admission, applicants must confirm in writing to the Chair, Admissions committee, School of Human and Social Sciences prior to joining the program of choice, their intent to take up the offer. Students who do not complete the program within the eight-year limit can appeal for extension. Such an extension can only be approved for a maximum of two years. Students who do not complete their studies within the extended period shall be discontinued. Applicants who do not take up their admission immediately have one year to do so after which they would have to reapply.