

## **DOCTOR OF PHILOSOPHY IN INTERNATIONAL RELATIONS**

## READ THE APPLICATION INSTRUCTIONS BEFORE COMPLETING THIS FORM

COMPLETE ALL APPROPRIATE SECTIONS IN CAPITAL/BLOCK LETTERS AND RETURN WITH SUPPORTING DOCUMENTS (SEE CHECKLIST ON PAGE 2) TO:

**USIU-Africa Admissions Office** P. O. Box 14634 - 00800 NAIROBI, KENYA

Cell: [+254-730] 116 000/300

AFFIX RECENT PASSPORT SIZE **PHOTOGRAPH** HERE

Fax: [+254-020] 3600 Email: admit@usiu.a Web: www.usiu.ac.k	<u>c.ke</u>						
Bio-Data							
Mr. M/s	Last Name	First Name		Middle Name	2		
Other Name(s)/N	Maiden name, if any						
Concentration applying for: (Please select ONE only)  Peace and Conflict Studies  Diplomacy and Foreign Policy  Development Studies  Current Mailing Address							
Street Address		P. O. Box Number	er				
City/Town		State/Province					
Zip/Postal		Country					
Daytime Phone		Evening Phone					
E-mail							
Personal Inforr							
Date of Birth:	Month Day	Year		Female	Male		
Place of Birth		Citizenship		Marital Status			
Identification No	o. (National ID/Passport)						
Next of Kin details ( <i>Indicate e mergency c ontact in Nairobi</i> )  Name Address							
Telephone		Email					

## **EDUCATION**

PLEASE LIST ALL UNIVERSITIES/COLLEGES ATTENDED IN THE FOLLOWING SECTIONS.

NAME OF UNIVERSITY/COLLEGE	CITY & COUNTRY	YEARS ATTENDED	No. of YEARS SPENT	NAME OF DIPLOMA/ DEGREE AWARDED		
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		to				
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f employed, please state:						
COMPANY NAME	POSITION (	POSITION (TITLE) DURATION				
ATTESTATION						
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INTERNATIONAL APPLICANTS WILL BE REQUIRED TO PROVIDE ADDITIONAL DOCUMENTATION & PAYMENTS

NOTE: \* ONLY COMPLETED APPLICATIONS WILL BE PROCESSED and USIU-AFRICA RESERVES THE RIGHT OF