

The Graduate College
University of Khartoum
P. O. Box 321 – Khartoum
Postal Code: 11115
Tel: 00249-183-777187
Fax: 00249-183-775103
E-mail: graduate@uofk.edu



كلية الدراسات العليا
جامعة الخرطوم
ص. ب. 321 الخرطوم
رمز بريدي 11115
هاتف: 00249-183-777187
فاكس: 00249-183-775103
بريد إلكتروني: graduate@uofk.edu

APPLICATION FORM FOR POSTGRADUATE STUDIES

Introduction

1. Each applicant must complete TWO copies of this form in TYPING or in BLOCK capitals.
2. Attached original certificate(s) and one copy of all previous degree(s) to this form.
3. Attached 2 passport size photographs
4. Government & private employees should submit a full-time release certificates from their employers.

SECTION [1] To Be Filled By Candidate

1.1 Personal Details

Full Name (4 names): _____

Date of Birth: Month _____ Day _____ Year _____

Nationality: Sudanese None-Sudanese Specify _____

Sex: Male Female

Social: Single Married No. of Children

Address: _____

Telephone Number: _____ Fax Number: _____

E-mail: _____

Do you have any physical or other disability or medical conditions which might necessitate special arrangements of facilities? Yes No

Detail: _____

1.2 Proposed Program of Study

Degree applied for: Ph. D. (Research) Ph. D. (Res. & Courses)
 MA/Msc. (Course) MA/NSc. (Research) MA/MSc Courses &
 Research P. G. Diploma P. G. Certificate
 Branch or Field of Study: _____
 Full Time Part-Time
 Type of Registration: Internal External
 Department: _____
 Faculty/Institute: _____

1.3 Qualification/Academic Records

Degree or Diploma	Name of Institution(s)	Class	Date of Award	Subject Studies

1.4 Work/Professional Experience

Duration	Name and Address of Employer	Position and Duties
From _____ To _____		
From _____ To _____		
From _____ To _____		
From _____ To _____		

1.5 Publications (If Any) to be listed

1.6 Are you registered for any Postgraduate Degree in this University or others?

Yes No
 If YES: Degree _____ Institution: _____
 Date of Registration _____ Registration No. : _____

1.7 Finance of Study

Who will pay the Fees: Private Employer
U. of Khartoum M. H. Education (Teaching Assistant)
M. H. Education (Scholarship) National Training
Others

Name & Address of sponsor: _____

Telephone No. _____ Fax: _____

E-mail: _____

1.8 Name and Address of Referees

Please provide names and addresses of two academic referees from whom a reference may be sought:

Name: _____

Title: _____

Address: _____

Tel. No.: _____ Fax: _____ E-mail: _____

Name: _____

Title: _____

Address: _____

Tel. No.: _____ Fax: _____ E-mail: _____

- I CERTIFY THAT INFORMATION PROVIDED HEREIN IS COMPLETED AND ACCURATE, AND IF ADMITTED AS A STUDENT OF THE UNIVERSITY OF KHARTOUM, I WILL OBSERVE AND COMPLY WITH ALL ORDINANCES AND REGULATION OF THE UNIVERSITY.

Signature: _____ Date: _____

SECTION [2] For Graduate College Office Use

Document enclosed:

Degree & Certificate: _____

Letter from employer: _____

Labour office card: _____

Military service permit: _____

Dispatched to Faculty: _____ By: _____

Signature: _____

SECTION [3]
For Head Department Office Use Only

Application received on: _____

Departmental Board Meeting No. _____ Date: _____

Does the Department recommend registration of Candidate?

Yes No

If yes, is the applicant required to pass a qualifying exam?

Yes No

Is the applicant required to attend courses before sitting a qualifying exam?

Yes No

If yes, please specify the types of courses

1. _____ 2. _____

3. _____ 4. _____

Date of qualifying examination (if any) _____

Name, Title, Qualification & Specialization of:

1. Supervisor

Name: _____

Title: _____

Qualification: _____

Specialization: _____

2. Co-supervisor

Name: _____

Title: _____

Qualification: _____

Specialization: _____

3. External supervisor

Name: _____

Title: _____

Specialization: _____

Address: _____

Tel. No. _____ Fax: _____

Name of Head Department: _____

Signature: _____ Date: _____

SECTION [4]
To Be Filled by Chairman of Faculty Research Board or Director

Institute: _____

The Faculty: _____

Name of Applicant: _____

Degree to be registered for: _____

Date of Qualifying examination (if any) _____

Date of Acceptance: _____ Reject

Proposed Title of Thesis : _____

Faculty Research Board Meeting:

No. () Minute No. () Date: _____

Name of Chairman Faculty research Board: _____

Signature: _____ Date: _____

SECTION [5]
For Use of Graduate College Only

All documents received _____ Date: _____

Signature of Registrar: _____

Decision of Graduate College: Approved Not Approved

Signature of Dean Graduate College: _____

Comments: _____

- PLEASE RETURN THE COMPLETED FORM AS SOON AS POSSIBLE TO:

THE ADMISSION OFFICE, GRADUATE COLLEGE, UNIVERSITY OF KHARTOUM
P. O. BOX 321, KHARTOUM, SUDAN, 11115
TEL: 00249-183-778128
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