

2016/2017



MARYKNOLL INSTITUTE OF AFRICAN STUDIES OF SAINT MARY'S UNIVERSITY OF MINNESOTA/USA AND TANGAZA UNIVERSITY COLLEGE, NAIROBI, KENYA

APPLICATION FORMS

PART III: DOCUMENTS

| Name: | |
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| Address: | |
| Institute of African Studies, c/o Director, | wnpayment check, is to be sent by registered airmail to Maryknoll Box 15199 Lang'ata, 00509, Nairobi, Kenya. The two doctors report, can be mailed separately or, if enclosed in sealed |
| $\underline{\mathbf{T}}$ | <u>UITION DOWNPAYMENT</u> |
| shillings checks payable to: MARYKNOLL IN | <u>*</u> • |
| **************** | ************** |
| <u>S</u> | STATEMENT OF WAIVER (for insurance purposes) |
| University of Minnesota/USA and Tangaza Unagree to hold the African Area of the Marykno Tangaza University College, Nairobi, Kenya and College, Nairobi, Ke | participation in the Maryknoll Institute of African Studies of Saint Mary's niversity College, Nairobi, Kenya. I agree to assume those risks. I further oll Fathers and Brothers, Saint Mary's University of Minnesota/USA and nd their representatives harmless of any and all liability that may arise in oll Institute of African Studies 2015/2016 Programs, August 1, 2015- |
| (Your Signature): | |
| (Date): | |
| | ************************************** |
| #1 MARYKNOLL INSTITUTE | #2 A POSTGRADUATE PROGRAM |

OF AFRICAN STUDIES OF SAINT MARY'S UNIVERSITY OF MINNESOTA/USA AND TANGAZA UNIVERSITY COLLEGE, NAIROBI, KENYA

P.O. Box 15199, Lang'ata 00509, Kenya Mobile Phone (254-726) 818-917 (254-732) 818-917

FIRST LETTER OF RECOMMENDATION: 2016/2017 PROGRAMS (EMPLOYER, RECTOR, DEAN, OR RELIGIOUS SUPERIOR)

| · · · · · · · · · · · · · · · · · · · | ate in the 2016/2017 programs of the Maryknoll Institute of |
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| African Studies of Saint Mary's University of Minnesota/MIASMU programs involve adjustment to a foreign cultur community guest house in the Nairobi area, field research are Participants who are immature or lack sufficient flex | USA and Tangaza University College, Nairobi, Kenya. The e, adjustment to living in a hostel, or in a church or religious and accredited academic study of African life and reality. ibility to adjust to new situations would not find the program |
| | al stress or has less than vigorous good health is not advised to |
| undertake such a program. | |
| In light of this description would you please comment on: | |
| (1) the extent and nature of your acquaintance with the appli | cant: |
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| | |
| (2) their capacity to successfully participate in the kind of p necessary). | rogram described above. (Please use both sides of this sheet is |
| necessary). | |
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| Thank you for your valuable cooperation. | |
| | Dec 2016 Semester Program, <u>Dec 15, 2015</u> for Jan-Aprion and <u>June 1, 2017</u> for Second Immersion Programs to: |
| | Maryknoll Institute of African Studies |
| | c/o Director. |
| | Box 15199 Lang'ata, 00509, |
| | Nairobi, Kenya. |
| Name of Reference: | |
| Address: | |
| | |
| Position or Title:Date: | |

MARYKNOLL INSTITUTE
OF AFRICAN STUDIES OF
SAINT MARY'S UNIVERSITY OF MINNESOTA/USA
AND TANGAZA UNIVERSITY COLLEGE, NAIROBI, KENYA

A POSTGRADUATE PROGRAM P.O. Box 15199, Lang'ata 00509, Kenya Mobile Phone (254-726) 818-917 (254-732) 818-917

SECOND LETTER OF RECOMMENDATION: 2016/2017 PROGRAMS

| has applied to participate in the 2016/2017 participate of Saint Mary's University of Minnesota/USA and Tangaza University of Minnesota/USA and Tangaza University of Minnesota/USA and Tangaza University or lack sufficient to living in a guest house in the Nairobi area, field research and accredited academic studing Participants who are immature or lack sufficient flexibility to adjust rewarding. Also, anyone who is under serious psychological stress or has landertake such a program. | a hostel, or in a church or religious community ly of African life and reality. t to new situations would not find the program |
|---|--|
| In light of this description would you please comment on: (1) the extent and nature of your acquaintance with the applicant: | |
| (2) their capacity to successfully participate in the kind of program describe necessary). | ed above. (Please use both sides of this sheet if |
| Thank you for your valuable cooperation. | |
| Please return no later than <u>August 15, 2016</u> for Sept - Dec 2016 Sept 2017 Semester Program, <u>May 1, 2017</u> for First Immersion and <u>June 1</u> | |
| C/o Box 005 | ryknoll Institute of African Studies Director. x 15199 Lang'ata, 609, robi, Kenya. |
| Name of Reference: | |
| Address: | |
| Position or Title:Date: | |

MARYKNOLL INSTITUTE OF AFRICAN STUDIES OF SAINT MARY'S UNIVERSITY OF MINNESOTA/USA AND TANGAZA UNIVERSITY COLLEGE, NAIROBI, KENYA A POSTGRADUATE PROGRAM P.O. Box 15199, Lang'ata 00509, Kenya Mobile Phone (254-726) 818-917 (254-732) 818-917

DOCTOR'S REPORT: 2016/2017 PROGRAMS

(Required Only From Those Applying from Outside of Africa)

| Dear Doctor, | | | | | |
|---|---|--|--|--|---|
| The undersigned | | | | | |
| | | | | Please return no later than <u>August 15, 2016</u> for Sept - Dec 201 2017 Semester Program, <u>May 1, 2017</u> for First Immersion and <u>Jugost 15, 2016</u> | |
| | | | | | Maryknoll Institute of African Studies c/o Director. Box 15199 Lang'ata, 00509, Nairobi, Kenya. |
| Upon examination I find | to be in sufficient good health for the | | | | |
| Upon examination I would <u>not recommend</u> health for the Maryknoll Institute of African Studies described | as being in sufficient good labove. | | | | |
| Physician's Name: | | | | | |
| Address: | | | | | |
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