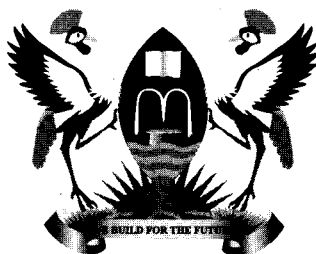


MAKERERE

P.O. Box 7062 Kampala - Uganda
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UNIVERSITY

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OFFICE OF THE ACADEMIC REGISTRAR

APPLICATION FORM TO THE UNIVERSITY UNDER THE PRIVATE SPONSORSHIP SCHEME 2011/2012 ADMISSION

NB: TO BE COMPLETED BY A' LEVEL LEAVERS ONLY

Current Passport Photograph	Right Hand Thumb Print
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ACADEMIC YEAR FOR WHICH ADMISSION IS SOUGHT eg. 2011/2012

NOTE: This form must be submitted with evidence of payment of application fee.

PART I

**ALL NAMES MUST BE WRITTEN IN FULL (NO INITIALS) AND THE FORM SHOULD BE FILLED USING
CAPITAL LETTERS**

ALL NAMES MUST BE WRITTEN IN FULL (NO INITIALS)

- 1 (a) Surname (in full)
(b) Other Names (in full)
(c) Male ☐ Female ☐
(d) Date of Birth (DD.....MM.....YY.....) (e) Citizenship.....
(You must attach a copy of the birth certificate)
(f) Home District

- 2 (a) PROGRAMMES APPLIED FOR
Choices of Programmes at the University - up to 6 choices (use the three letter codes provided at appendix A)

1 ST	2 ND	3 RD	4 TH	5 TH	6 TH

- (b) Choices of BA or BSC subject combinations (use the numerical codes provided)

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- 3 Uganda Certificate of Education (UCE) or its equivalent. Index No.....
Year of Examination.....

SUMMARY OF GRADES

SUBJECT												DISTINCTIONS	CREDITS	PASSES
GRADE														

You must attach a photocopy of the Uganda Certificate of Education or its equivalent

- 4 Uganda Advanced Certificate of Education (UACE) or its equivalent. Index No.
Year of Examination.....

Please indicate the subjects and grades where applicable.

	1	2	3	4	5
SUBJECT					
GRADE					

Attach a photocopy of the UACE Certificate or its equivalent (Strictly a photocopy of the Certificate or Result slip must be attached).

- 5 If you are already admitted to the University indicate;
- (i) Registration Number.....
- (ii) Programme.....
- (iii) Sponsor.....

PART II

- 6 Other Personal Information
- (a) Marital Status (married , single , others specify).....
- (b) Permanent Address.....
- (c) Emergency contact Address, if different from (b) above
- (d) Telephone No..... (e) Fax No. (f) E-Mail
- (g) Religious affiliation (if any).....
- 7 (a) Home County.....

8 Information on Parents

Father	Mother
Surname.....	
Other Names.....	
Date of Birth.....	
Village of Birth.....	
Sub-County	
District of Birth.....	
Nationality.....	
Country of Residence.....	
Address.....	

- 9 Information on Guardian (where applicable)
- (n) Guardian's name..... (o) Guardian's occupation.....
- (p) Guardian's address..... (q) Telephone Number.....

- 10 Responsibilities held while at School / College
- _____
- _____
- _____

- 11 Employment Record
- Give brief details of employment record. You may use a separate sheet of paper.

EMPLOYER	POST(S) HELD	DATE(S)

- 12 Give names of 2 persons in responsible position from whom confidential information may be obtained about you, if necessary.
- (i) Name.....
- Address.....
- Telephone Number
- (ii) Name.....
- Address.....
- Telephone Number

- 13 Declaration by the applicant.
- I have noted and understood the implication of giving incorrect information, I confirm that the information given on this form, to the best of my knowledge, is correct.

- 14 It should be NOTED by all applicants that cases of Impersonation, Falsification of Documents or giving False /Incomplete
- Information wherever discovered either at Registration or afterwards will lead to automatic CANCELLATION of Admission and prosecution in the Uganda Courts of Law.

Signature of the applicant Date