

MAKEREREP. O. Box 7062 Kampala - Uganda
Cables: "MAKUNIKA"**UNIVERSITY**Tel: +256 - 41-532752/530231/530232
Fax: +256-41 533640/541088
Email: ar@acadreg.mak.ac.ug**OFFICE OF THE ACADEMIC REGISTRAR****APPLICATION FORM TO THE UNIVERSITY UNDER THE
PRIVATE SPONSORSHIP SCHEME
2012/2013 ADMISSION****NB: TO BE COMPLETED BY A' LEVEL LEAVERS ONLY**

ACADEMIC YEAR FOR WHICH ADMISSION IS SOUGHT eg. 2012/2013

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

Current Passport Photograph	Right hand Thumb print
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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)

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

- (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.....

SUBJECT									
GRADE									

You must attach a photocopy of the Uganda Certificate of Education or its equivalent**SUMMARY OF GRADES**

Distinctions	Credits	Passes

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