

MAKEREREP. O. Box 7062 Kampala - Uganda
Cables: "MAKUNIKA"**UNIVERSITY**Tel: +256 - 41-532752/530231/530232
Fax: +256-41 533640/541068
Email: ar@acadreg.mak.ac.ug**OFFICE OF THE ACADEMIC REGISTRAR**

**APPLICATION FORM TO THE UNIVERSITY UNDER THE
PRIVATE SPONSORSHIP SCHEME
2013/2014 ADMISSION**

Current Passport
Photograph

Right Hand
Thumb Print

NB: TO BE COMPLETED BY A' LEVEL LEAVERS ONLY

ACADEMIC YEAR FOR WHICH ADMISSION IS SOUGHT eg. 2013/2014

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)

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										

SUMMARY OF GRADES

Distinctions	Credits	Passes

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. 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