	MAKERERE P. O. Box 7062 Kampaia - Uganda Cables: "MAKUNIKA"															
	OFFICE OF THE ACADEMIC REGISTRAR															
UN <u>T(</u> A(APPLICATION FOR ADMISSION TO THE UNIVERSITY UNDER THE PRIVATE SPONSORSHIP SCHEME Current Right Hand 2014/2015 ADMISSIONS Passport Thumb Print TO BE COMPLETED BY DIPLOMA HOLDERS Photograph ACADEMIC YEAR FOR WHICH ADMISSION IS SOUGHT e.g. 2014/2015 NOTE: (i) This form must be submitted with evidence of payment of application fee. (ii) To be completed by applicants who are seeking admission on the basis of a (iii) Units of a page 100 mission on the basis of a															
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AI	LL NA	MES M	UST BE	WRITT	'EN IN F	ULL (NO	O INITIA	ALS) AN	D THE F	FORM	SHOU	JLD BI	E I	FILLED IN CA	PITAL LE	ITERS
1	(a)	Surnar	ne (in ful	11)												
	(b)	Other 1	names (ii	n full)			•••••									
	(c)	Sex: (T	ick)	ľ	Male		F	emale [
	(d) Date of Birth (DD MM															
	(f)	Home I	District													
2	(a)	PROG	RAMM	IE APPL	IED FO	R										
		Use the	e three l	etter coo	des prov	ided in t	the anno	unceme	nt							
		0	NE CH	OICE O	NLY											
	(b) Choices of BA or BSC subject combinations (use the numerical codes provided) e.g.077 (LIT,ELS,DRA) or 502 (BC,Z)															
3 Uganda Certificate of Education (UCE) or its equivalent																
	Inde	x No					Ye	ear of Exa	mination	1				SUMMA	RY OF GR	ADES
	SUB													DISTINCTIONS	CREDITS	PASSES

1

Please indicate the subjects and grades where applicable, (CERTIFICATE HOLDERS, INDICATE FIELD OF STUDY)

SUBJECT			
GRADE			

GRADE

Attach a photocopy of the UCE & UACE Certificates/Result slips or their equivalents (Strictly the photocopies must be attached).

Institutions attended, if any 5.

YE	EAR	Name of Institution	Qualification Obtained	Class of Award (If any)
From	То			

Attach certified copies of Certificates and Academic Transcripts of Diplomas from the awarding institutions.

If Diploma obtained from Makerere University please indicate; 6.

(i) Registration Number	Student Number

PART II

7. Other Personal Information

	(a)	Marital Status (Married, Single, Other specify)	
	(b)	Physical Address	
	(c)	Emergency Contact address, if different from (b) above	
	(d)	Telephone No (e) Fa	ax No (f) E-mail
	(g)	Religious affiliation (if any)	
8.	(a) (c)	Home County Parish (LC II)	
	(C)		(d) Vindge (De 1)
9.	Infor	mation on Parents	
	muu	Father	Mother
	(a)		Mother
		Father	
	(a)	Father Surname	
	(a) (b)	Father Surname Other Names	
	(a) (b) (c)	Father Surname Other Names Date of Birth	······
	(a) (b) (c) (d)	Father Surname Other Names Date of Birth Village of Birth	
	(a) (b) (c) (d) (e)	Father Surname Other Names Date of Birth Village of Birth Sub-County	

10. Information on the Guardian (where applicable)

11. Positions of responsibility held while at School/College

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12. Employment Record

Give brief details of employment record. You may use a separate sheet of paper

EMPLOYER	POST(S) HELD	DATES

13. Give names of 2 persons in responsible positions from whom confidential information may be obtained about you.

(i) Name

Address

Telephone Number

(ii) Name

Address

Telephone Number

14. It should be **NOTED** by all applicants that cases of impersonation, Falsification of Documents or giving false/incomplete information whenever discovered either at Registration or afterwards will lead to automatic **CANCELLATION** of Admission and prosecution in the Uganda Courts of Law.

15. 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.

Signature of Applicant Date