

OFFICE OF THE ACADEMIC REGISTRAR

APPLICATION FOR ADMISSION TO THE UNIVERSITY UNDER THE GOVERNMENT SPONSORSHIP SCHEME **Right Hand** Current **2015/2016 ADMISSIONS Passport Thumb Print** TO BE COMPLETED BY DIPLOMAHOLDERS ONLY Photograph ACADEMIC YEAR FOR WHICH ADMISSION IS SOUGHT e.g. 2015/2016 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 Diploma only PART I ALL NAMES MUST BE WRITTEN IN FULL (NO INITIALS) AND THE FORM SHOULD BE FILLED IN CAPITAL LETTERS Surname (in full) (a) (b) Other names (in full) Sex: (Tick) Male Female (c) Date of Birth (DD..... (d) (You must attach a copy of the birth certificate) (f) Home District PROGRAMME APPLIED FOR 2 (a) Use the three letter codes provided in the announcement ONE CHOICE ONLY (b) Choices of BA or BSC subject combinations (use the numerical codes provided) e.g.077 (LIT,ELS,DRA) or 502 (BC,Z) Uganda Certificate of Education (UCE) or its equivalent Year of Examination..... **SUMMARY OF GRADES** Index No DISTINCTIONS CREDITS PASSES **SUBJECT GRADE**

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

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

SUBJECT

GRADE

5.	Institutions	attended,	if	any
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6.

7.

8.

9.

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

<u>A</u>	ttach certified copies of Certificates and Academic	<u>Transcrip</u>	ts of Diplomas from the	awarding institutions	
If D	Diploma was obtained from Makerere University pleas	se indicate	<u>5,</u>		
(i)	Registration Number Studer	nt Number			
		PART II			
Oth	er Personal Information				
(a)	Marital Status (Married, Single, Other specify)	••••••			
(b)	Physical Address				
(c)	Emergency Contact address, if different from (b) above				
(d)	Telephone No				
(g)	Religious affiliation (if any)				
(a)	Home County	(b)	Sub-County (LC III)		
(c)	Parish (LC II)	(d)	Village (LC I)		
Info	ormation on Parents Father		Mothe	r	
(a)	Surname	••••			
(b)	Other Names	••••			
(c)	Date of Birth				
(d)	Village of Birth				
(e)	Sub-County				
(f)	District of Birth				
(g)	Nationality	••••			
(h)	Address				

	T 4						
10.	(i)	ormation on the Guardian (where applicable) Guardian's Name					
	, ,		•				
	(k)		(l) Telephone Nun	nber			
11.	Positio	ons of responsibility held whi	le at School/College				
12.	Emplo	yment Record					
	Give b	rief details of employment reco	ord. You may use a separate sheet of paper				
				<u> </u>			
		EMPLOYER	POST(S) HELD	DATES			
13.	Give n	ames of 2 persons in responsib	le positions from whom confidential inform	ation may be obtained about you.			
	(i)	i) Name					
		Address					
	(ii)	Name					
		Address					
		Telephone Number					
1 /	It chou	_		f Documents or giving folso/incomplete			
14.	. It should be NOTED by all applicants that cases of impersonation, Falsification of Documents or giving false/incomplet information whenever discovered either at Registration or afterwards will lead to automatic CANCELLATION of Admission and prosecution in the Uganda Courts of Law.						
15.	Declar	laration by the Applicant					
		noted and understood the imp o the best of my knowledge is	lication of giving incorrect information. I co correct.	nfirm that the information given on this			
	Signat	ure of Applicant	Date				