

**UNIVERSITY BACHELOR OF LAWS PRE-ENTRY EXAMINATIONS  
APPLICATION FORM FOR ACADEMIC YEAR 2015/2016**

Three Passport Size  
Photographs

RIGHT HAND  
THUMB  
PRINT

**Note:** This form must be submitted with evidence of payment of the Application fee

**PART 1**

To be completed in CAPITALS by the Applicant.

**ALL NAMES MUST BE WRITTEN IN FULL AS ON 'O' LEVEL OR ANY OTHER ACADEMIC DOCUMENT**

- 1 (a) Surname (in full).....
- (b) 'A' Level Index No. .... Year of 'A' Level Examination.....
- (c) Other names (in full), **no Initials** .....
- (d) Gender: (Tick), Male ☐ Female ☐
- (e) Date of Birth (DD .....MM.....YY ..... ) (e) Citizenship .....
- (You must attach a copy of the Birth Certificate)
- (f) Home District.....
- 2 Uganda Certificate of Education (UCE) or its equivalent Index No.....Year of Examination.....

**SUMMARY OF GRADES**

										DISTINCTIONS	CREDITS	PASSES
Subject												
Grade												

You must attach a photocopy of the Uganda Certificate of Education(UCE) or its equivalent.

3. 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 where applicable).

4. Institutions attended, if any

Year		Name of Institution	Qualification obtained	Class of Award (if any)
From	To			

Attach the certified copies of the Transcript and Certificates

## PART II

5. Other Personal Information

(a) Marital Status (married, single, other. Please specify).....

(b) Permanent Address .....

(c) Emergency contact Address, if different from (b) above .....

(d) Telephone No.....(e) Fax No. (If applicable).....

(f) E-Mail .....

(g) Religious affiliation (if any) .....

6. Information on Disability. Disabled candidates must attach medical report from hospital.

a) Disabled: Yes/No

b) Nature of disability: (Tick) Deaf, Blind, Physical disability, Albinism, Sickle Cells, Asthma.

7. (a) Home County ..... (b) Sub-county (LC III) .....

(c) Parish (LC II) ..... (d) Village (LC I) .....

8. Information about Parents:

	<u>Father's</u>	<u>Mother's</u>
Surname.....	.....	.....
Other Names.....	.....	.....
Date of Birth.....	.....	.....
Village of Birth.....	.....	.....
Sub-County .....	.....	.....
District of Birth.....	.....	.....
Nationality .....	.....	.....

- Country of Residence.....
- Address.....
- Telephone Number .....
9. Information about Guardian (where applicable)
- (a) Guardian's name ..... (c) Guardian's occupation.....
- (b) Guardian's address..... (d) Tel. Number .....
10. Positions of responsibilities held while at School/College (If applicable)
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11. Employment Record:
- Give brief details of employment record. You may use an additional separate sheet of paper.
- | EMPLOYER | POST(S) HELD | DATE(S) |
|----------|--------------|---------|
|          |              |         |
|          |              |         |
12. Give 2 names of persons in responsible positions from whom confidential information about you may be obtained if necessary.
- i) Name.....
- Address.....
- E-mail: .....
- Telephone Number .....
- ii) Name .....
- Address.....
- E-mail: .....
- Telephone Number:.....
13. 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.
14. Declaration by the applicant:
- I have noted and understood the implication of giving incomplete/incorrect information. I confirm that the information given on this form, to the best of my knowledge, is correct.

Signature of the Applicant ..... Date.....