

MAKERERE

P.O. Box 7062 Kampala Uganda
Cables: "MAKUNIKA"
Website: www.makerere.ac.ug



UNIVERSITY

Tel: +256-414-533332/533258
Fax: +256-414-4534125/4541771
E-mail: ar@acadreg.mak.ac.ug

OFFICE OF THE ACADEMIC REGISTRAR

UNIVERSITY BACHELOR OF LAWS PRE-ENTRY EXAMINATIONS APPLICATION FORM FOR ACADEMIC YEAR 2021/2022

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 INDICATED ON 'O' LEVEL OR ANY OTHER ACADEMIC DOCUMENTS

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 (DDMM.....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

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 'A' Level Points.....

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. Schools Attended, if any

Year		Name of Institution	Qualification obtained
From	To		

5. **DIPLOMA/DEGREE HOLDERS/MATURE AGE (Tick where applicable)**

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

6. 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)

7. Information about Parents/Guardian (where applicable)

- (a) Parent's/Guardian's name (c) Guardian's occupation.....
- (b) Parent's/Guardian's address..... (d) Tel. Number

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

- i) Name.....
Address.....
E-mail:
- ii) Name
Address.....
E-mail:

9. 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.

10. 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.....