



KYAMBOGO UNIVERSITY

P. O. BOX 1 KYAMBOGO

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Office of the Academic Registrar

**APPLICATION FORM FOR ADMISSION TO THE UNIVERSITY
UNDER THE PRIVATE SPONSORSHIP SCHEME**

“TO BE COMPLETED BY A’ & O’ LEVEL HOLDER APPLICANTS ONLY”

Passport
Photograph

Right hand
Thumb
print

TO BE COMPLETED BY A’ LEVEL APPLICANTS ONLY

ACADEMIC YEAR FOR WHICH ADMISSION IS SOUGHT: (e.g. 2010/2011)

NOTE: This form must be submitted with evidence of payment of application fees (Receipt and Bank slip).

PART I

ALL NAMES MUST BE WRITTEN IN FULL (NO INITIALS) AND THE FORM SHOULD BE FILLED IN CAPITALS

- 1 (a) Surname (in full)
- (b) Other names (in full)(c) Gender: (Tick) Male Female
- (d) Date of Birth (e) Age
- (You must attach a copy of the Birth Certificate)
- (f) Home District (g) Citizenship
- (h) Any disability (provide full size photograph depicting the disability where possible)

2 (a) Programmes applied for:

Choices of Programmes at Kyambogo University – Up to 6 choices (use the three letter codes provided)

1 ST	2 ND	3 RD	4 TH	5 TH	6 TH

(b) Subject combinations for B.A. (Arts): B.A. (Social Sciences), B.A. (Education) and B.Sc. (Education) only (Use the letter 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

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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.....

	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).

PART II

5. 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..... (f) E-mail.....
- (g) E-mail
- (h) Religious affiliation (if any)

6. Home County:

7. Information on parents:

Father

Mother

- (a) Surname:.....
- (b) Other names:.....
- (c) Village of Birth:
- (d) Sub-county:
- (e) District of Birth
- (f) Nationality.....
- (g) Address

8. Information on Guardian (Where applicable)

Guardian's Name..... Guardian's occupation.....
Guardian's Address..... Telephone No.

9. Give 1 name of person in responsible positions from whom confidential information may be obtained about you if necessary

- (a) Name:
- Address:
- Telephone Number:

10. 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.

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: