

# KYAMBOGO



# UNIVERSITY

P.O Box 1 Kyambogo  
KAMPALA – UGANDA

Phone: 041-285037/287343  
Fax No: 256-041-220464

E-mail: [arkyu@kyambogo.ac.ug](mailto:arkyu@kyambogo.ac.ug)  
[www.kyambogo.ac.ug](http://www.kyambogo.ac.ug)

*Office of the Academic Registrar*

## APPLICATION FORM FOR GOVERNMENT ADMISSION (DIPLOMA/CERTIFICATE ENTRY SCHEME)

**ACADEMIC YEAR: 2012/2013**

Attach a recent  
passport size  
photograph

- NOTE:
- (i) Use capital letters to fill in this form.
  - (ii) Attach relevant certified copies of the academic documents (certificates, diplomas, result slips and transcripts).
  - (iii) All application forms must be submitted not later than 3<sup>rd</sup> February, 2012.
  - (iv) A non-refundable application fee of Shs.25,000/= (Twenty five thousand shillings only, Bank charges inclusive) for Ugandan students **OR** equivalent of US \$30 for International students must be paid to any Stanbic Bank Branch to Kyambogo University Academic Registrar's Department Account **Number 0140015345801**. Application forms should be collected and submitted to Records/Registry Office located at Faculty of Science Building, Kyambogo University. Original Bank slip and Receipts should be attached to the Application Form before submission.
  - (v) **Read carefully the Admission requirements** attached to this form before filling in this form.

**PROGRAMME APPLIED FOR:** \_\_\_\_\_  
(Write full name and code)

**SUBJECT COMBINATION (where applicable):** \_\_\_\_\_  
(For Education/Arts/Social Sciences/Special Needs to indicate subject combination)

**STUDY TIME:** DAY  EVE   
(Tick one)

Desired year of entry Entry into Year 1  **or** Entry into Year 2  **or** Entry into Year 3   
(Tick one)

### A. PERSONAL INFORMATION

1. NAMES OF APPLICANT (The names in which you will be registered will be those that appear on your Certificate/Diploma or equivalent documents offered as an entry qualification).

(a) Surname: \_\_\_\_\_ (b) Other names: \_\_\_\_\_

2. (b) Sex: \_\_\_\_\_ (b) Any Disabilities? (Indicate and attach proof) \_\_\_\_\_

3. (a) Date of Birth: \_\_\_\_\_ (b) Place of Birth: \_\_\_\_\_  
**(Attach copy of birth certificate)**

4. (a) Home District: \_\_\_\_\_ (b) District of Residence: \_\_\_\_\_  
(c) Nationality: \_\_\_\_\_

5. Permanent Postal or LC I Address: \_\_\_\_\_  
(a) Mobile Tel. No: \_\_\_\_\_ (b) Email address: \_\_\_\_\_ (c) FAX No: \_\_\_\_\_

6. Contact address (if different from 5 above): \_\_\_\_\_

## **B: ACADEMIC AND PROFESSIONAL QUALIFICATIONS**

### **Part 1: Diploma qualifications (Attach certified copies of Diploma Transcripts/Result slips and certificates).**

(i) Title of the Diploma: \_\_\_\_\_ (ii) Year of Award: \_\_\_\_\_

(iii) Awarding body: \_\_\_\_\_ (iv) Class/Grade: \_\_\_\_\_

### **Part 2: Certificate qualifications (Attach certified copies of Certificates/Transcripts/Result slips)**

(i) Title of the Certificate: \_\_\_\_\_ (ii) Year of Award: \_\_\_\_\_

(iii) Awarding body: \_\_\_\_\_ (iv) Class/Grade: \_\_\_\_\_

### **Part 3: Other qualifications**

- (i) You must attach photocopies of 'O' level (UCE) or its equivalent.
- (ii) You must attach photocopies of 'A' level (UACE) or its equivalent.
- (iii) Attach photocopies of any other professional qualifications where applicable.

## **C: APPLICANTS DECLARATION:**

I declare that all the information given on this form is correct.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_