



KYAMBOGO UNIVERSITY
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Email: arkyu@kyu.ac.ug, www.kyu.ac.ug
Office of the Academic Registrar

Kyambogo University Graduate School

REGISTRATION FORM FOR POSTGRADUATE STUDENTS

CONTINUING STUDENTS

Fill in two forms (one for the School and one for the Department). Attach photocopies of KyU identity card/ Registration Card, Receipts and Bank Slips.

1. Surname (IN BLOCK CAPITALS).....
2. Other Names (IN BLOCK CAPITALS)
3. Name of Programme.....
4. Reg. No.....5.Sex.....
6. Academic Year.....
7. Semester (One/Two).....8.Study Time (Day/Even.).....
9. Faculty.....
10. Department.....
11. Hall.....
12. Present Address.....
13. Tel. No.....14.E-mail Address.....

.....
SIGNATURE OF STUDENT

.....
DATE

.....
ACADEMIC REGISTRAR

.....
DATE

NB: Please submit the two forms duly filled to Kyambogo University Graduate School.