

Current Passport Photograph (Black & White) Right Hand Thumb Print

OFFICE OF THE ACADEMIC REGISTRAR

FORM A

APPLICATION FOR ADMISSION TO BUSITEMA UNIVERSITY UNDER THE PRIVATE SPONSORSHIP SCHEME, 2011/2012 ADMISSIONS

TO BE COMPLETED BY "A" LEVEL LEAVERS, DIPLOMA HOLDERS AND OTHERS

NOTE: (i)	This form must be submitted with original receipt showing payment of
	Application fee.

(ii) To be completed by applicants who are seeking Government admission on the basis of a Diploma and others.

PART I

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

1. (a)	Surname(in full)(b) First name:
(c)	Other names (in full)
(d)	Sex
(e)	Date of Birth: DD MM YY
	(You must attach a copy of your birth certificate)
(f)	Nationality
(g)	Home District
(h)	Seeking admission through:
	(i) Direct Entry (ii) Diploma Holders (iii) Certificate Entry (iv) Others ("A" Level) Entry (Specify)

2. (a) Programs applied for (Use the three letter codes provided for in the announcement)

1 ST CHOICE	2 ND CHOICE	3 RD CHOICE

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(b) UCE or its Equivalent

Year of Examination:_____ Index No_____

SUBJECT				
GRADE			Summ	nary of Grades
			Distinc	tions
SUBJECT			Credits	
GRADE			Passes	

Attach a photocopy of the UACE Slip or certificate

(c) UACE or its Equivalent

Year of Examination..... Index No.....

Please indicate the subjects and grades where applicable.

SUBJECT	1	2	3	4	5
GRADE					

Attach a photocopy of the UACE certificate or its equivalent.

(d) Other qualifications (Certificate, Diploma or Degree) if any

From	YEAR To	NAME OF INSTITUTION	QUALIFICATION ATTAINED	CLASS OF AWARD (IF ANY)

Attach certified copies of certificates and academic transcripts of qualification(s) from the awarding Institutions.

Are you already admitted to any University?	Yes	No
If answer is Yes, give details:		
(i) Name of the University		
(ii) Registration No		
(iii) Program admitted to		
(iv) Sponsor		

PART II

3. Other personal information:	
(a) Marital Status	
(b) Contact Address	Tel
(c) Permanent Address	
(d) Emergency contact address:	Tel
Fax	E-mail
(e) Religious affiliation (if any)	
4. (a) Home County	(b) Sub. County (LC.III)
(c) Parish (LC.II)	(e) Village (LC.1)

5. Information on Parents (Even if Deceased)

	Father	Mother
Surname:		
Other names:		
Nationality:		
Date of Birth:		
Village of Birth:		
Sub. County:		
District of Birth:		
Country of Residence:		
Address:		
Telephone:		

6. Information on Guardian (where applicable):

Name:	Occupation			
Address	Telephone No			
Position of responsibility held while at School/College:				

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8. Employment Record

7.

Employer	Post (s) Held	Dates

9. Give 2 names of referees from whom confidential information may be obtained about you if necessary.

(1) Name:..... Tel..... Address.....

 Address.....

It should be noted that cases of impersonation, falsification of documents or giving false or incomplete information whenever discovered either at registration or afterwards will lead to automatic cancellation of admission and prosecution in the Uganda's courts of Law.

10. **Declaration by the Applicant**: I have noted and understood the implication of giving incomplete/incorrect information. I hereby certify that to the best of my knowledge and belief, the particulars given in this form are true and complete in all respect.

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