

MAKERERE

P. O. Box 7062 Kampala - Uganda
Cables: "MAKUNIKA"



UNIVERSITY

Tel: +256 - 41-532752/530231/530232
Fax: +256-41 533640/541068
Email: ar@acadreg.mak.ac.ug

OFFICE OF THE ACADEMIC REGISTRAR

**APPLICATION FORM TO THE UNIVERSITY UNDER THE
PRIVATE SPONSORSHIP SCHEME
2017/2018 ADMISSION**

Current Passport Size Photograph	Right Hand Thumb Print
--	------------------------------

NB: TO BE COMPLETED BY A' LEVEL LEAVERS ONLY

- NOTE: (i) This form must be submitted with evidence of payment of application fee.
(ii) Names to be used should be similar to those on PLE and O'Level Documents

PART I

**THE FORM SHOULD BE FILLED USING CAPITAL LETTERS
ALL NAMES MUST BE WRITTEN IN FULL (NO INITIALS)**

- 1 (a) Surname (in full) (b) Other Names (in full)
- (c) Year of A'Level Examination (d) Name of School
- (c) Male Female (f) A'Leve Index Number
- (d) Date of Birth (DD.....MM.....YY.....) (e) Citizenship
- (You must attach a copy of the birth certificate)**
- (f) Home District

2 (a) PROGRAMMES APPLIED FOR

Choices of Programmes at the University - up to 6 choices (use the three letter codes provided at appendix A)

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

(b) Choices of BA or BSC subject combinations (use the numerical codes provided)

1ST	2ND	3RD

3 Uganda Certificate of Education (UCE) or its equivalent. Index No.....Year of Examination.....

SUBJECT										
GRADE										

SUMMARY OF GRADES

Distinctions	Credits	Passes

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.....

Please indicate the subjects and grades where applicable.

	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).

5 If you are already admitted to the University indicate;

- (i) Registration Number.....
- (ii) Programme.....
- (iii) Sponsor.....

PART II

6 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 Fax no..... (f) E-Mail
- (g) Religious affiliation (if any).....

7 (a) Home County.....

8 Information on Parents

Father

Mother

Surname.....	
Other Names.....	
Date of Birth.....	
Village of Birth.....	
Sub-County.....	
District of Birth.....	
Nationality.....	
Country of Residence.....	
Address.....	

9 **Information on Guardian (where applicable)**

- (n) Guardian's name..... (o) Guardian's occupation.....
- (p) Guardian's address..... (q) Telephone Number

10 **Responsibilities held while at School / College**

11 **Employment Record**

Give brief details of employment record. You may use a separate sheet of paper.

EMPLOYER	POST(S) HELD	DATE(S)

12 **Give names of 2 persons in responsible position from whom confidential information may be obtained about you if necessary.**

(i) Name.....

Address.....

Telephone Number

(ii) Name.....

Address.....

Telephone Number

13 **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.

14 *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