

KUMI

P.O. Box 178, Kumi – Uganda

Mobile: +256 787-169-149

Or +256 785-428-281

Kumi – Ngora Road,



UNIVERSITY

Email: ar@kumiuniversity.ac.ug

or. info@kumiuniversity.ac.ug

Website: www.kumiuniversity.ac.ug

OFFICE OF THE ACADEMIC REGISTRAR

APPLICATION FOR THE ADMISSION TO THE UNIVERSITY 202_____ ACADEMIC YEAR

ACADEMIC YEAR FOR WHICH ADMISSIONS IS SOUGHT e.g. 20 20.....

NOTE:(This form must be submitted with evidence of payment of application fee).

**Current
Passport
Photograph**

PART I

All names must be written in full (No initials) and the form should be in Capitals.

1. (a) Surname (in full) Given name.....
- (b) Other names (in full) (c) Gender: (Tick) Male Female
- (d) Date of Birth (DD MMYY) (e) Nationality.
- (f) Marital Status: Single Married Others Specify.....
- g) Religion affiliation (if any)

Current address to be changed to (Residential Address)

- (a) Country..... b). District
- c) County.....
- d) Subcounty/Division..... e) Parish/ward
- f) Village/Cell.....
- g) National ID/ Pass port No.....h) Tel. No 1
- (i) Tel. No 2..... (j) Email:

Permanent Address, if different from the above:

- a) Country..... b) District
- c) County.....
- d) Subcounty/Division..... e) Parish/ward
- f) Village/Cell.....

2. (a) Course applied for in order of preference

1st	2nd	3rd	4th

- (b) Subject combinations **for** education course applicants ONLY. E.g. MTC/PHY, HIST/CRE.

--	--	--

- (c) Programme applied for (Tick)

- i. Full Time ii. Weekend iii. External/In-Service

Subjects												Distinctions	Credits	Passes
Grade														

3 Uganda Certificate of Education (UCE) or its equivalent. Index No. Year of Examination
 You **must** attach a photocopy of the Uganda Certificate of Education or its equivalent.

4 Uganda Advanced Certificate of Education (UACE) for its equivalent Index No Examination Year....
 Please indicate the subjects and grades where applicable.

No.	1	2	3	4	5	No. of Principle Passes	No. of Subsidiaries
SUBJECT							
GRADE							

Attach a photocopy of the UACE Certificate or its equivalent (Strictly a photocopy of the Certificate or Results slip must be attached).

5. Any other Relevant Academic documents obtained (Attach Copies)

PART II.

6. Information on the parents/Guardian

Enter details of your parents/guardian.

Details	Father	Mother	Guardian (where applicable)
Surname			
Other names			
Village of Birth			
Sub county			
District of Birth			
Nationality			
Occupation			
Telephone Number			
Email:			

7. Declaration by the applicant

Note! Cases of impersonation, falsification on documents or giving false incomplete information whenever discovered either at Registration or afterwards will lead to **AUTOMATIC CANCELATION OF ADMISSION** and prosecution in the Uganda Court of Law.

I have noted and understood the implication of giving incomplete/incorrect information. I confirm that the information given on this form, to the best of my knowledge is correct.

I certify that the above information is correct.

Signature of Applicant Date

For Official use Only.

.....
ADMISSIONS OFFICER Signature: Date:...../...../.....