

ALL SAINTS UNIVERSITY LANGO

Affix Here Recent Coloured Passport Size Photograph

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OFFICE OF ACADEMIC REGISTRAR

P O BOX 32, LIRA - UGANDA

APPLICATION FORM FOR UNDERGRADUATE PROGRAMMES

(Certificate/Diploma/Bachelor)

			ACAE	EMIC	YEAR	l					Print	
SECTION A: A	APPLIC	CANT	'S NAM	IE AND	QUA	LIFICA	TIONS	•				
1. SURNAME:	.				OTH	IER NA	MES:_					
(The names n UCE/UACE Res										nthe Birth	Certificate	
2. Uganda Ce	ertifica	te of	Educa	tion (l	JCE) o	r Equiv	alent:	:				
Year: Enter UCE resu	Index I	No: _			E)	kaminat NVERS//	ion Aut	thority:				
	ult grac	lesor	equival	ent in t	he spa	ices pro	vided	<u>below:</u>			1	
SUBJECT				13	/		121					
GRADE				AL			00					
3. Uganda Ad Year: Enter UACE re	Index I	No: _ adeso		alent in	Exa	iminat <mark>io</mark>	n Auth ovided	ority: _ I below:		Overall	 Total	
	•			1/2/	2	3	4	5	6	Grade	Points	
				10	70							
					MEN	WITH GO					1	
4. Secondary	Schoo	ols At	tended	1:								
Date Name of Second				dary School				Qua	Qualification			

5. Positions of Responsibility held (e.g. Prefect, Sports Captain etc.)

6. If your qualifications are other than or in addition to UCE and UACE, give details below. You may use a separate sheet of paper if more space is needed.

Date	Name of School/Institution	Qualification

7. If you have been employed, please give details of your employment record below. You may use a separate sheet of paper if more space is needed.

Date	Name of Employer/Organisation	Job/Position/Post Held

SECTION B: PARTICULARS OF PROGRAMME APPLIED FOR

	NAME OF PROGRAMME	PREFERRED SESSION
1 ST CHOICE		
2 ND CHOICE		
3 RD CHOICE		

Important Note: Applicants should clearly indicate whether:

- 1) The level of programme is CERTIFICATE, DIPLOMA or BACHELOR.
- 2) The preferred session is DAY or WEEKEND.

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1. (i) Sex: (ii) Date of Birth:/_	/ (iii) Age: years
2. (i) Home Village/Sub-county:/	(ii) Home District:
3. (i) Permanent Address: (i	i) Country of Residence:
4. Citizenship: (Attach cop	by of birth certificate)
5. (i) Telephone No.:	(ii) Email:
6. (i) Physical Address:	(ii) Postal Address:
6. (i) Physical Address:	- LASITA LAS
8. Religious Affiliation (if any):	6
9. What disability do you have that the University	vauthorities need to know about?
10. If you are admitted, who will meet your stud	
MENT	

11. Information on Parents

INFORMATION	FATHER	MOTHER
Name		
Contact		
Current Residential Address		
Village & Sub-county of Birth		
District of Birth		
Nationality		
Country of Residence		

Important Note: Applicants should note the following:

- 1) Photostat copies of both 'O' and 'A' level results, certificates or any other relevant documents plus birth certificate must be attached to this form.
- 2) This application form will only be accepted by the Academic Registrar if accompanied with a receipt showing payment of the required registration fee.
- 3) When discovered, impersonation, uttering of false documents or false/incomplete information will lead to cancellation of admission and possible legal action.
- 12. I declare that all the information I have given in this application form is correct.

Signature:	Date:	