



MAKERERE UNIVERSITY

P.O Box 7062 Kampala, Uganda Tel: +256 41 4534343 / 4530231-2

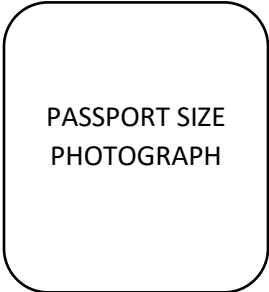
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Africa Institute for Strategic Services and Development

Healthier & Wealthier Communities through Academic-Community-Public-Private-Partnerships



OFFICE OF THE ACADEMIC REGISTRAR
APPLICATION FORM
FOR ACADEMIC YEAR 2018/2019



Note: This form must be submitted with evidence of payment of the Application fee

PART 1

To be completed in CAPITALS by the Application.

ALL NAMES MUST BE WRITTEN IN FULL AS ON 'O' LEVEL OR ANY OTHER ACADEMIC DOCUMENT

1. (a) Surname (in full).....
- (b) Other names (in full).....
- (c) Gender: (Tick), Male Female
- (d) Date of Birth (DD.....MM.....YY.....) (e) Citizenship.....
- (You must attach a cop of the birth certificate)
- (f) Home District.....
2. Programme applied for- (tick only one level of Programme)

	Program Specialization	Artisan	Certificate	Diploma	Degree
1)	Laboratory Science Education and Industrial Technology				
2)	Poultry production, Value Addition and Entrepreneurship				
3)	Pig Production, Value Addition and				

	Entrepreneurship				
4)	Diary Production, Value Addition and Entrepreneurship				
5)	Meat production, Value Addition and Entrepreneurship				
6)	Leather Production, Value Addition and Entrepreneurship				
7)	Bee Keeping, Products Development and entrepreneurship				
8)	Feed production, value Addition and Entrepreneurship				
9)	Fish Production, Value Addition and Entrepreneurship				
10)	Wildlife Production, Value Addition and Entrepreneurship				
11)	Companion and Recreation Animal Management and Training				

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

Subject										
Grade										

SUMMARY OF GRADES

Distinctions	Credits	Passes

Attach a photocopy of the UACE Certificate of Education or its equivalent.

4. Uganda Advanced Certificate of Education (UACE) or its equivalent. Index No.Year of Examination.....

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. Other qualifications and Institutions attended, if any

Year		Name of Institution	Qualification Obtained	Class of Award
From	To			(if any)

Degree /Diploma Holders should attach certified copies of their Certificates and Academic Transcripts from the awarding institutions.

6. If you are already admitted to the University indicate:

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

PART II

7. Other Personal Information

- (a) Marital Status (married, single, other specify).....
- (b) Permanent Address.....
- (c) Emergency contact Address, if different from (b) above.....
- (d) Telephone No.....(e) Fax No.....(f) E-Mail.....
- (g) Religious affiliation (if any).....

8. (a) Home Country..... (b) Sub-county (LCIII).....
 (c) Parish (LCII)..... (d) Village (LCI).....

9. Information on Parents:

<u>Father</u>	<u>Mother</u>
Surname.....
Other Names.....
Date of Birth.....
Village of Birth.....
Sub-County.....
District of Birth.....

Nationality.....

Country of Residence.....

Address.....

Telephone Number.....

10. Information on Guardian (where applicable)

(n) Guardian`s name..... (o) Guardian`s occupation.....

(p) Guardian`s address..... (q) Tel. Number.....

11. Positions of responsibilities held while at School/College

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.....

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12. Employment Record:

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

EMPLOYER	POST(S) HELD	DATE(S)

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

i) Name.....

Address.....

E-mail:.....

Telephone Number.....

ii) Name.....

Address.....

E-mail:.....

Telephone Number.....

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 CABCELLATION of Admission and Prosecution in the Uganda Courts of Law.

15. Declaration by the applicant:

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

Signature of the Applicant.....

Date.....

Thank You for Downloading this online form