ONLINE Version

NDEJJE UNIVERSITY

Attach your most recent passport size photograph

P. O. Box 7088
KAMPALA-UGANDA
Tel: 0392-730321, 0414-233112
Fax: 0392-252324

APPLICATION FOR ADMISSION
POSTGRADUATE PROGRAMME

ACADEMIC YEAR.....

NOTE: (i) Use Capital letters to fill this form.
(ii) Candidates selected for any programme of study will be required to present originals of certificates at the time of registration.

COURSE APPLIED FOR: (e.g MBA, PGDE, etc) .....

PROGRAMME: Tick appropriate box

DAY ☐ WEEK-END ☐ EVENING ☐ IN-SERVICE ☐

SUBJECT COMBINATION (If applicable): ..... RESIDENT/ NON RESIDENT STUDENT.....

PART A

PERSONAL INFORMATION

1. NAME(S) OF APPLICANT (The names in which you will be registered will be those that appear on your Certificate/Diploma or equivalent documents offered as an entry qualification).
   (a) Surname: .....
   (b) Other Names: .....
2. Gender: Male: ☐ Female: ☐
3. (a) Date of Birth: ..... (b) Place of Birth: .....
4. (a) Marital Status: ..... (b) No. of children (if any) .....
   (c) Religious Affiliation ….....
5. Nationality. ….....
6. (a) District of Birth : ..... County ..... Sub County ….....
   (b) District of Residence: .....
   (c) Country of Residence: .....

7. Permanent Address: .....

(a)Tel No..... (b) Fax No. ..... (c) Email .....

8. **Contact Address** (if different from (6) above): .....

9. **Next of Kin** …..... Tel No. …..... Email. …....

ACADEMIC AND PROFESSIONAL QUALIFICATIONS:

10. List the educational institutions (universities , colleges and secondary schools) you attended, beginning with the latest and attach photostat copies of relevant certificates.

Name of Institution	From	To	Award

11. List other courses attended , if any and attach Photostat copies of relevant certificates

a. .....

b. .....

c. .....

12. State any research / publication you have undertaken.

….....

….....

….....

13. State your employment record beginning with your present job.

Position Held	Organisation	From	To

14. State briefly the reason why you want to take this course and its relation to your interest / future job responsibilities.

….....

….....

….....

….....

SPONSORSHIP: Name(s) of Sponsor & Address of sponsor

.....

Address: .....

Tel No: .....(b) Fax No.....(c) Email.....

DECLARATION:

I certify that to the best of my knowledge , the information given in part A of this form is true.

Signature of applicant: ..... Date: .....

Please, return the fully completed Application form to:

The Academic Registrar
Ndejje University
P.O. Box 7088, Kampala-UGANDA
Tel. 256-0392-730321 Email: **registrar@ndejjeuniversity.ac.ug**

PART B (To be filled by referee)

Please state the strength and weakness of the applicant in regard to his/ her suitability for the course.

……

……

……

……

……

……

……

……

Name. …….. Designation. ……..

Signature …… Date ……..

Please, return the fully completed Application form to:
The Academic Registrar
Ndejje University
P.O. Box 7088, Kampala-UGANDA
Tel. 256-0392-730321 Email: registrar@ndejjeuniversity.ac.ug