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
UNDERGRADUATE COURSE

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. BBA, PGDE, etc).....

PROGRAMME: Tick appropriate box

DAY: MAIN CAMPUS ☐ **WEEK-END** ☐ **EVENING** ☐ **IN-SERVICE:** MAIN CAMPUS ☐
KAMPALA CAMPUS ☐ KAMPALA CAMPUS ☐

SUBJECT COMBINATION (If applicable): ..... RESIDENT/ NON RESIDENT STUDENT..... .....
(*All fresh students to study at Ndejje Main Campus MUST stay in the university halls of residence*)

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. ….....

B ACADEMIC AND PROFESSIONAL QUALIFICATIONS:

1. Uganda Certificate of Education (UCE) or its equivalent:

Index No: ..... Year of Examinations: ..... School: .....
(Attach photocopy of the UCE Certificate of Equivalent)

Subject	Grade	Subject	Grade
1		6	
2		7	
3		8	
4		9	
5		10	

2. Uganda Advanced Certificate of Education (UACE) or its equivalent:

Index No: .....Year of Examinations: ..... School: .....
(Attach photocopy of the UACE Certificate or its equivalent)

Subject	Grade	Subject	Grade
1		6	
2		7	
3		8	
4		9	
5		10	

3. Other Qualifications: .....
(Attach photocopies of Certificates/Transcripts)

C. SPONSORSHIP:

Name(s) of Sponsor (if self sponsored, write "SELF")

.....

Address: .....

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

D. DECLARATION:

I declare that all the information given on this form is correct.
Signature of applicant: ..... Date: .....

E. ENDORSMENT BY HEADTEACHER / PRINCIPAL / EMPLOYER:

I confirm that the information provided above by the applicant is correct.

Name(s): ..... Designation: .....

Institution/Organisation: .....

Address: .....

Signature: ..... Date: ..... Official Stamp: .....

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**