

SECTION E DECLARATION:

I..... declare that I have read thoroughly and understood the certify to bare all implications of giving incomplete and incorrect information. Therefore I confirm that all information given on this form to the best of my knowledge is correct.

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

**Note: Any applicant found guilty of impersonation, falsification of documents or giving incomplete information shall be disqualified.**



Please, return the fully completed application form to:

The Academic Registrar  
KAYIWA INTERNATIONAL UNIVERSITY  
P.O. Box 9096, Kampala - UGANDA



P.O. Box 9096 Kampala, Uganda  
Plot 336 Mengo, Balintuma Road  
Tel: +256 414691720 / 755691720  
Email: info@kintu.ac.ug  
Website: www.kintu.ac.ug

- Important**  
\*Complete all fields exclusively in capital letters  
\*Submit with evidence of payment of a non refundable application fee  
\*All names must be filled as they appear on your academic documents

OFFICE OF THE ACADEMIC REGISTRAR

APPLICATION FOR ADMISSION TO UNDERGRADUATE PROGRAMMES

SECTION A: STUDY PROGRAMME

1. Preferred intake

JANUARY ☐ MAY ☐ AUGUST / SEPTEMBER ☐

2. Preferred programme

DAY ☐ EVENING ☐ WEEKEND ☐ HOLIDAY PROGRAMME ☐

3. Course preferences

List courses in order of preference in the table below, including any preferred pathways

| COURSE | COURSE CODE | SEMESTER | YEAR |
|--------|-------------|----------|------|
| 1.     |             |          |      |
| 2.     |             |          |      |
| 3.     |             |          |      |
| 4.     |             |          |      |

SUBJECT COMBINATION (applicable for BA/Education): .....

.....  
.....

Application Ref#

Attach current passport size photograph here

SECTION B: PERSONAL INFORMATION

1. Personal

|                          |  |
|--------------------------|--|
| SURNAME                  |  |
| OTHER NAMES              |  |
| TITLE (Mr, Mrs, Ms, etc) |  |
| DATE OF BIRTH            |  |
| GENDER                   |  |
| MARITAL STATUS           |  |
| NATIONALITY              |  |
| AREA OF RESIDENCE        |  |
| HOME DISTRICT            |  |
| RELIGION                 |  |
| CONTACT                  |  |
| TELEPHONE / MOBILE       |  |
| EMAIL                    |  |
| WHATSAPP                 |  |
| FACEBOOK                 |  |

2. Parents/Guardian information

|           |                       |                        |                         |
|-----------|-----------------------|------------------------|-------------------------|
|           | Father /Male Guardian | Mother/Female Guardian | SPONSOR (if applicable) |
| NAME      |                       |                        |                         |
| TELEPHONE |                       |                        |                         |
| EMAIL     |                       |                        |                         |
| ADDRESS   |                       |                        |                         |

SECTION C: 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 photocopies of Certificates/Transcripts)

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

3 Other Qualifications: .....

(Attach photocopies of Certificates/Transcripts)

D. SPONSORSHIP:

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

Address:.....

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