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OFFICE OF THE ACADEMIC REGISTRAR

APPLICATION FOR THE ADMISSION TO THE UNIVERSITY _____ ADMISSIONS

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ACADEMIC YEAR FOR WHICH ADMISSIONS IS SOUGHT e.g. 2017 – 2018 _____

NOTE: (This form must be submitted with evidence of payment of application fee).

PART I

All names must be written in full (No initials) and the form should be in Capitals.

- (a) Surname (in full)

(b) Other name (in full) (c) Gender: (Tick) Male Female

(d) Date of Birth (DD MM YY) (e) Home District

(f) Nationality

- (a) Course applied for in order of preference

1 st	2 nd	3 rd	4 th

- (b) Subject combinations in case of BA. ED/BA

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- (c) Programme applied for (Tick)

- i. Full Time ii. Weekend iii. External

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

Subjects											Distinctions	Credits	Passes
Grade													

You **must** attach a photocopy of the Uganda Certificate of Education or its equivalent.

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

Please indicate the subjects and grades where applicable.

No.	1	2	3	4	5
SUBJECT					
GRADE					

Attach a photocopy of the UACE Certificate or its equivalent (Strictly a photocopy of the Certificate or Results slip must be attached).

Positions of responsibilities held while at School/college.

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PART II

5. Other personal Information

- a) **Marital Status:** Single Married Others Specify.
- b) **Permannet Adrees:**
- c) **Emergency Contact Address, if different from (b) above**.....
- d) **Telephone No.** (e) **Fax No**..... (f) **Email:**
- g) **Religion affiliation (if any)**
- h) **Home Country:**

6. Information on the parents

Details	Father	Mother
Surname		
Other names		
Date of Birth		
Village of Birth		
Sub county		
District of Birth		
Nationality		
Telephone Number		

7. Information on guardian (where applicable)

Details	
Name	
Occupation	
Telephone	
Address	

8. Employment Record

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

No	Employer/Organization	Position held	Dates (From – To)
1			
2			
3			
4			

9. Give two (2) names of persons in responsible positions from whom confidential information about you can be obtained if necessary.

- i. Name Telephone
Address
- ii. Name Telephone
Address

10. DECLARATION BY THE APPLICANT

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

11. It should be noted by all applicants that cases of impersonation, falsification on Documents or giving false incomplete information whenever discovered either at Registration or afterwards will lead to **AUTOMATIC CANCELATION OF ADMISSION** and prosecution in the Uganda Court of Law.

I certify that the above information is correct.

Signature of Applicant Date

12. Please indicate (Tick) whether you intend to have on campus Accommodation and Meals.

- i. Accommodation
- ii. Meals

For Official use Only.

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ADMISSIONS OFFICER **SIGNATURE** **DATE**

KUMI

P.O. Box 178, Kumi - Uganda
Kumi – Ngora Road
Fax: 256 4571102



UNIVERSITY

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Website: www.kumiuniversity.ac.ug

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OFFICE OF THE ACADEMIC REGISTRAR

PERSONAL REFERENCE FORM FOR CERTIFICATE/DIPLOMA/UNDERGRADUATE

Current
Passport
Photograph

Part 1 of this personal reference form should be completed by the applicant. The form should be given to your pastor or a leader in the Christian Ministry of which you are part, along with a stamped envelope addressed to the above address.

Name of Applicant: _____

Present Address: _____

Course applied for: _____

I request that this recommendation be treated as confidential to the officers and faculty of Kumi University. I understand that it will be used solely for decision on my application and that this reference will not be made known to anyone else.

Part 2. Should be completed by a Pastor, Christian Leader or Khadi who knows the applicant personally and the form returned to Kumi University.

Applicants for the Certificate/Diploma/Undergraduate programme offered by Kumi University are considered on the basis of their personal profile, their preset role in the Christian and evident leadership ability that will enable them to utilize Kumi University training effectively. Please complete this form carefully and honestly, and return it to the office of the Academic Registrar Kumi University.

1. How long have you know the applicant?
 - i. Less than 1 year
 - ii. 1-5 years
2. How well do you know him/her?
 - i. Just by name and sight
 - ii. Casually, have had some personal contacts
 - iii. Fairly well, have had a number of personal contacts
 - iv. I have had close pastoral relations with applicant
3. To the best of your knowledge, has the applicant made personal commitment to Jesus Christ/Allah?
 - i. Yes
 - ii. No
 - iii. I do not know.

4. To what extent is the applicant engaged in the activities to your church/mosque?
- i. Very irregular in attendance, little interest in activities
 - ii. Regular in attendance but seldom participants in activities
 - iii. Is cooperative and usually willing to help in church activities
 - iv. Enthusiastically engaged in church activities
5. How does he/she relate to other? (Tick)
- i. Outgoing
 - ii. Moody
 - iii. Shy
 - iv. Respected by others
 - v. Keeps to himself/herself
 - vi. I don't know

Additional Comments _____

6. How do you perceive his/her abilities? (Tick)
- i. Performs well academically
 - ii. Public speaker/teacher
 - iii. Good in counseling and inter-person relationship
 - iv. Artistic
 - v. Administrative skills

Additional Comments _____

7. In your opinion, does the applicant possess any outstanding abilities or talents/ please describe.

8. To your knowledge, does the applicant smoke, drink, use drugs or participates in any immoral practices? Please Comment.

9. Please add any other comments that you would consider helpful in our consideration of this applicant for admission to Kumi University.

10. Based on your knowledge of the applicant, will you recommend that we accept him/her for a course in Kumi University?

Comment _____

Your Signature: _____ Date: _____
 Your Name _____
 Address _____
 Church/Ministry _____
 Your position _____

KUMI

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OFFICE OF THE ACADEMIC REGISTRAR

CERTIFICATE OF HEALTH-(To be mailed by the examining medical officer)

Current
Passport
Photograph

Part 1 (To be completed by the Applicant)

Name: _____ Date of Birth. _____ Gender _____

Address: _____

Course applied for: _____

Name and address of parent /guardian/wife/husband or next of kin to be notified in case of emergency:

Name: _____ Relationship: _____

Address: _____ Tel: _____

Have you ever been admitted to hospital? Yes/No

If yes, state reason for admission and date _____

Have you ever had any of the following illness? (Tick)

- | | |
|--|--------|
| a. Tuberculosis or other chest infection | Yes/No |
| b. Fits, nervous disease of fainting attacks | Yes/No |
| c. Heart disease or rheumatic fever | Yes/No |
| d. Any disease of genitor- urinary system | Yes/No |
| e. Allergies of food or drugs | Yes/No |
| f. Diabetes | Yes/No |
| g. Sexually transmitted diseases | Yes/No |
| h. Any disease of the digestive system | Yes/No |
| i. Epilepsy | Yes/No |

If the answer of any of the above is yes, please give details with date:

Do you suffer from any physical disability? Yes/No. If yes, please explain;

If there are any other relevant details of your medical history not covered by this page, please give particulars:

Has any member of your family suffered from: -

- | | |
|-------------------------------|--------|
| a. Tuberculosis | Yes/No |
| b. Insanity or mental illness | Yes/No |
| c. Diabetes | Yes/No |

Do you require any special diet?

If yes, specify _____

Applicant's signature: _____ Date: _____ 3c

Part 2 (To be completed by examining medical officer)

a. Height _____ Weight _____

b. Visual acuity
Without glasses R. 6/ L. 6/
With glasses R. 6/ L. 6/

c. Hearing Right ear Left ear

d. Condition of;
Teeth _____
Nose _____
Throat _____

e. Lymphatic glands
Circulatory system _____
Pulse _____
Blood Pressure _____
Respiratory system _____

f. Abdomen Spleen _____
Any evidence of hernia _____

g. Any other observation of importance (e.g. Physical or mental disabilities)

Date. _____ (stamp)

Signature of physician _____

Qualifications Address _____