



ALL SAINTS UNIVERSITY, LANGO
P O BOX 32, LIRA - UGANDA

OFFICE OF ACADEMIC REGISTRAR
APPLICATION FORM FOR UNDERGRADUATE PROGRAMMES
(Certificate/Diploma/Bachelor)

ACADEMIC YEAR: _____

Affix Here Recent
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Photograph

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Print

SECTION A: APPLICANT'S NAME AND QUALIFICATIONS

1. SURNAME: _____ OTHER NAMES: _____
(The names must be in CAPITAL LETTERS and must be the same as on the Birth Certificate, UCE/UACE Result Slips and any other qualifications already attained, etc)

2. Uganda Certificate of Education (UCE) or Equivalent:
Year: _____ Index No: _____ Examination Authority: _____

Enter UCE result grades or equivalent in the spaces provided below:

SUBJECT											
GRADE											

3. Uganda Advanced Certificate of Education (UACE) or Equivalent:
Year: _____ Index No: _____ Examination Authority: _____

Enter UACE result grades or equivalent in the spaces provided below:

UACE Subjects	Results in Each Paper						Overall Grade	Total Points
	1	2	3	4	5	6		

4. Secondary Schools Attended:

Date	Name of Secondary School	Qualification

5. Positions of Responsibility held (e.g. Prefect, Sports Captain, etc.) _____

6. If your qualifications are other than or in addition to UCE and UACE, give details below. You may use a separate sheet of paper if more space is needed.

Date	Name of School/Institution	Qualification

7. If you have been employed, please give details of your employment record below. You may use a separate sheet of paper if more space is needed.

Date	Name of Employer/Organisation	Job/Position/Post Held

SECTION B: PARTICULARS OF PROGRAMME APPLIED FOR

	NAME OF PROGRAMME	PREFERRED SESSION
1 ST CHOICE		
2 ND CHOICE		
3 RD CHOICE		

Important Note: Applicants should clearly indicate whether:

- 1) The level of programme is CERTIFICATE, DIPLOMA or BACHELOR.
- 2) The preferred session is DAY or WEEKEND.

SECTION C: APPLICANT'S PERSONAL DETAILS

1. (i) Sex: _____ (ii) Date of Birth: ____/____/____ (iii) Age: _____ years
2. (i) Home Village/Sub-county: _____/_____ (ii) Home District: _____
3. (i) Permanent Address: _____ (ii) Country of Residence: _____
4. Citizenship: _____ (Attach copy of birth certificate)
5. (i) Telephone No.: _____ (ii) Email: _____
6. (i) Physical Address: _____ (ii) Postal Address: _____
7. Marital Status (Single/Married): _____
8. Religious Affiliation (if any): _____
9. What disability do you have that the University authorities need to know about?

10. If you are admitted, who will meet your study expenses and other requirements?

11. Information on Parents

INFORMATION	FATHER	MOTHER
Name		
Contact		
Current Residential Address		
Village & Sub-county of Birth		
District of Birth		
Nationality		
Country of Residence		

Important Note: Applicants should note the following:

- 1) Photostat copies of both 'O' and 'A' level results, certificates or any other relevant documents plus birth certificate must be attached to this form.
- 2) This application form will only be accepted by the Academic Registrar if accompanied with a receipt showing payment of the required registration fee.
- 3) When discovered, impersonation, uttering of false documents or false/incomplete information will lead to cancellation of admission and possible legal action.

12. I declare that all the information I have given in this application form is correct.

Signature: _____ Date: _____