



MUNI UNIVERSITY

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Applicant's
Photograph

OFFICE OF THE ACADEMIC REGISTRAR APPLICATION FORM FOR UNDERGRADUATE DEGREE PROGRAMMES GOVERNMENT SPONSORSHIP-DIPLOMA ENTRY SCHEME

RIGHT THUMB
PRINT

1. Academic Year:
2. Programme applied for (use the **3 letter programme code** you are applying for):

1 st Choice	2 nd Choice

Personal Information

3. a) Surname (Block letters):
- b) First name (Block Letters):
- c) Other name (s) (If applicable, in Block letters):
- d) Sex [] Female [] Male (*Tick as applicable*)
4. a) Date of Birth [day/month/year]:/...../.....
- b) Place of Birth:
5. Home district County:
- Sub-county (L.C III): Parish (L.C II):
- Village (L.C I):
6. Citizenship: Country of Residence:
7. Permanent Address:
-
8. Contact address: (if different from above):
-
9. Telephone No..... /e-mail
10. Emergency contact Address, if different from (b) above.....
-

Educational Information

11. Uganda Certificate of Education (U.C.E) or its equivalent:

- a) Index number:
- b) Name of school:
- c) Year of examination:
- d) Number of distinctions:
- e) Number of credits:
- f) Number of passes:

PLEASE ATTACH A PHOTOCOPY OF YOUR U.C.E RESULTS OR ITS EQUIVALENT

12. Uganda Advanced Certificate of Education (U.A.C.E) or its equivalent:

- a) Index number:
- b) Name of school of Institution (Centre):
- c) Year of examination:

Subject (Principle)	Grade
.....
.....
.....
.....

Subject (Subsidiary)	Grade
.....
.....

PLEASE ATTACH A PHOTOCOPY OF YOUR U.A.C.E RESULT OR ITS EQUIVALENT

PART II

Institution Attended:

FROM	TO	NAME OF INSTITUTION	QUALIFICATION OBTAINED AND GRADE	

PLEASE ATTACH A PHOTOCOPY OF ACADEMIC TRANSCRIPT OR EQUIVALENT

Other Personal Information

13. Marital Status (Married, Single, others specify).....

14. Indicate Areas of Special Needs.....

15. Level of special needs (Tick) **Mild, Severe, Very Severe**

16. Comments from former institution:

.....

17. Name of Principal/Director..... Signature.....

18. Give names of two referees:

a) Mobile No:

b) Mobile No:

19. Information on Parents

SN	DETAILS	FATHER	MOTHER
1.	Surname		
2.	Other Names		
3.	Date of Birth		
4.	Village of Birth		
5.	Sub-County		
6.	District of Birth		
7.	Nationality		
8.	Address		

PART III

International Applicant Only

20. International applicant's residence status in Uganda.

- a) Are you or your parents and or/guardians resident in Uganda? [] YES [] NO (Tick as applicable).

- b) If No, please indicate where you or your parents and/or guardians reside:
.....
.....

- c) If YES, please provide proof of your parents and or/guardians resident status in Uganda (copy of residence permit or tax certificate).

Declaration

21. I DECLARED THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT AND ACCURATE.

[Note that cases of impersonation of information or documents, fraudulent access or giving false and incomplete information whenever discovered, will lead to automatic cancellation of admission and/or prosecution in Courts of Law].

Signature of applicant: Date:

Check list of Documents to Attach.

- a) Photocopy of your birth certificate.
- b) Original receipt and bank slip as evidence of payment of the application fee.
- c) Photocopy of your academic certificates, diplomas, etc.