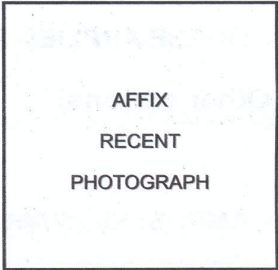




**KAMPALA
INTERNATIONAL
UNIVERSITY**



KIU/AP.....

15 66057

RECENT PHOTOGRAPH

APPLICATION FOR STUDENT ADMISSION

READ THE APPLICATION INSTRUCTIONS BEFORE COMPLETING THE FORM

COMPLETE ALL APPROPRIATE SECTIONS BELOW AND RETURN WITH YOUR NON-REFUNDABLE APPLICATION FEE

(See Fee Schedule) and Other supporting documents to:-

Admissions Director, P.O. Box 20000, KAMPALA, Uganda. Tel: +256-41-4267634

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	SURNAME	OTHER NAMES

(The order & the names that appear on your academic documents only)

MAIDEN NAME _____

CITY _____

P.O. BOX NUMBER

COUNTRY _____

DAYTIME PHONE _____

TEL: NUMBER _____

FAX NUMBER _____

Current Mailing Address (if different from above)

CITY _____

P.O. BOX NUMBER _____

COUNTRY _____

Personal Information

DAYTIME PHONE _____

EVENING PHONE _____

FAX NUMBER _____

FEMALE MALE

DATE OF BIRTH _____
MM/DD/YY

COUNTRY OF BIRTH _____

COUNTRY CITIZENSHIP _____

PERMANENT UGANDAN RESIDENT
YES NO

MARITAL STATUS _____

NO. OF DEPENDANTS _____

ARE YOU A PERMANENT UGANDAN RESIDENT OR CITIZEN? YES NO
IF YES, PROVIDE A COPY OF THIS STATUS TOGETHER WITH THE APPLICATION. IF NO, COMPLETE AND RETURN STUDENT'S PASS FORMS AND A LETTER FROM YOUR SPONSOR GUARANTEEING ALL PAYMENTS.

Employment Information

NAME OF COMPANY _____
POSITION _____
ADDRESS _____
TELEPHONE _____ FAX _____

COURSE APPLIED FOR:- _____

Other options: 1. _____
2. _____

CAMPUS: KIU MAIN CAMPUS KAMPALA WESTERN DAR ES SALAM CENTRE

SESSION DAY EVENING WEEKEND IN-SERVICE DISTANCE

Subject combination for students applying for Education _____ & _____

HAVE YOU PREVIOUSLY APPLIED TO KIU?
 NO YES
IF YES, WHICH SEMESTER? _____ YEAR? _____

HAVE YOU ATTENDED KIU BEFORE?
 NO YES
PAST KIU STUDENT I.D. NUMBER _____

I PLAN TO RESIDE ON CAMPUS** AT HOME OFF-CAMPUS HOUSING (OTHER THAN HOME)

****IF YOU WISH TO LIVE ON CAMPUS, APPLY AND CONFIRM AVAILABILITY OF SPACE PRIOR TO MAKING PAYMENTS**

Education

PLEASE LIST ALL SCHOOLS AND COLLEGES ATTENDED IN THE FOLLOWING SECTION, ATTACH AN EXTRA PAGE, IF NECESSARY.

ACADEMIC YEAR MO/YR MO/YR	SECONDARY AND POST SCHOOLS ATTENDED	LOCATION CITY/TOWN COUNTRY	YOUR AGE AT SCHOOL (S) ATTENDED	NO. OF YEARS SPENT	KIND OF SCHOOL (Secondary, Vocational, etc.)	AREA OF STUDY (MAJOR)	NAME OF CERTIFICATES OR DEGREES AWARDED
to			to				
to			to				
to			to				
to			to				
to			to				

HAVE YOU EVER ATTENDED OR ATTEMPTED A COURSE AT ANY COLLEGE OR UNIVERSITY YES NO

***Graduate Applicants Only**

I ATTEST TO MY GRADUATION FROM _____ ON _____ IN _____
NAME OF HIGH SCHOOL (OR EXAM) MONTH/YEAR CITY/STATE
OR ITS EQUIVALENCY (GENERAL EDUCATIONAL DEVELOPMENT(GED) OR STATE HIGH SCHOOL PROFICIENCY EXAMINATION)

PARENT(S) / GUARDIAN

NAME _____ OCCUPATION _____
ADDRESS _____ TELEPHONE NUMBER _____



P.O. Box 20000,
 Kampala, Uganda.
 Tel: +256-41-427634
 E-mail: admin@kiu.ac.ug, Website: www.kiu.ac.ug

ADMISSIONS OFFICE

15 66057
KIU/AD.....

RECOMMENDATION (DEADLINES MUST BE OBSERVED)
TO BE COMPLETED BY APPLICATION (PLEASE TYPE OR PRINT IN BLACK INK)
NAME

Mr. <input type="checkbox"/>	SURNAME	OTHERS
Mrs. <input type="checkbox"/>		
Ms. <input type="checkbox"/>		

PH.D, MASTERS, DEGREE, DIPLOMA, CERT. _____

TO BE COMPLETED BY EVALUATOR
 (An Evaluator must be a person know to the applicant academically e.g. Head teacher, lecturer, class teacher or registrar. If the applicant has over 2 years work experience his / her supervisors qualify as evaluators)

NOTE TO EVALUATOR:
 This person whose name appears above is applying for admission to KIU. The purpose of this is to an opportunity for students to develop knowledge, abilities, attitudes and understandings which will constitute a foundation for their growth into competent and responsible graduates of KIU. It would be of assistance to the Admissions Office if you give us your assessment of the applicant.
 As KIU admits students every semester, please return to the applicant in time for him/her to meet the following registration deadlines.

EVALUATOR'S NAME: (in full) _____
 (Please Print)

TITLE _____
 (Please rubber-stamp with school / company stamp)

SCHOOL OR COMPANY _____

ADDRESS _____

TELEPHONE: _____ FAX _____

SIGNATURE _____ DATE mm/dd/yy _____

- How long have you known the applicant?

- In what capacity have you known the applicant? Please comment on the frequency and context of your interaction.

- What are the applicant's most outstanding abilities or characters?

- What are the applicant's most noticeable weaknesses?

- Which of the applicant's character traits would you want to change or see improved?

- Do you know of any personal circumstances which might affect the applicant's performance? Please explain.

7. Please give us your appraisal of the applicant in terms of the qualities listed below. To what reference group (e.g. Student, employee, service) are you comparing the applicant.

- | | | | |
|--|--|-----------------------------------|--|
| A | B | C | D |
| TRULY EXCEPTIONAL
(Equivalent (to the very best you have know - a person who in your experience appears only every few years) | OUTSTANDING
(Comparable to the best student in a current class) | WELL ABOVE AVERAGE
(Top 25%) | ABOVE AVERAGE
(Demonstrated high ability) |
| E | F | G | |
| AVERAGE
(Capable of completing work) | BELOW AVERAGE
(Lower than 50%) | INADEQUATE OPPORTUNITY TO OBSERVE | |

A	B	C	D	E	F	G	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appearance or poise
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self confidence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English proficiency
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability in Oral Expression
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breadth of general knowledge
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Integrity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Independence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flexibility
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Imagination and creativity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to initiate projects and meet deadlines
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to analyze problems and formulate solutions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Administrative ability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to work with others.

8. How does this applicant compare with his / her peer group, in academic ability?

- Truly Exceptional
 Outstanding
 Well above average
 Above average
 Average
 Below Average
 Inadequate Opportunity to Observe

9. Please feel free to add information about the applicant's record, potential or personal qualities which you believe would be helpful to the Admissions in consideration of this person's application.

HAND OVER A SIGNED AND SEALED ENVELOPE TO THE APPLICANT, IF RECEIVED UNSEALED IT WILL BE REJECTED

LIST YOUR ACADEMIC HONORS, AWARDS, COMMUNITY INVOLVEMENT, SCHOLARSHIPS, ACTIVITIES, ATHLETIC INVOLVEMENT AND / OR WORK EXPERIENCE

Statistical Information

This information will be used for statistical purposes only and will no way affect the admission. Completion of this section is not mandatory, however the data collected will help the university determine needs in planning. Your providing this information is appreciated.

DISABILITIES

NONE HEARING MOBILITY SIGHT LEARNING DISABILITY OTHER _____

COLLEGE INTEREST: PLEASE LIST THE FIRST THREE COLLEGES AND UNIVERSITIES TO WHICH YOU ARE APPLYING, IF KIU IS AMONG YOUR TOP THREE, PLEASE INCLUDE.

HOW DID YOU LEARN ABOUT KIU?

COLLEGE GUIDE ADVERTISEMENT MAILING COLLEGE/HIGH SCHOOL FAIR OTHER

RANK NUMERICALLY THE THREE PEOPLE WHO INFLUENCED YOU TO APPLY TO KIU

PARENT RELATIVE KIU STUDENT KIU FACILITY KIU ALUMNUS/ALMUNA
 FRIEND KIU ADMISSIONS REPRESENTATIVE SCHOOL COUNSELLOR SCHOOL TEACHER OTHER

IF YOU WERE REFERRED TO KIU BY SOME ONE, PLEASE LIST HIS/HER ADDRESS SO THAT WE MAY SEND A THANK YOU LETTER.

NAME _____ STREET _____ CITY / TOWN _____ COUNTRY _____

PLEASE LIST THE NAME AND ADDRESS OF ANY ONE WHO YOU WOULD LIKE TO RECEIVE INFORMATION ABOUT KIU.

NAME _____ STREET _____ CITY / TOWN _____ COUNTRY _____

ATTESATION

I hereby certify that the information given in this application is correct and complete and to the best of my knowledge, and hereby give my permission to the Admissions Committee to obtain any verification deemed necessary to process my application.

I further certify that I will arrange for the forwarding of official transcripts as requested in the instructions and that such transcripts become the property of the university and will not be forwarded to another institution nor returned to me.

I will include with this application my application fee and other documents as required in the application instructions including: essays, recommendations, test scores and financial guarantee.

Signature _____ Date _____

FOR OFFICIAL USE ONLY

Course applied for:

Requirements Submitted/not submitted:

Grades Verified / Not Verified:

Course Approved / Not Approved:

Date:



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For: Kampala International University