



# Undergraduate Application Form 2017

Please write clearly in capital letters with blue/black ball pen

136

PERSONAL INFORMATION			
Title (Dr/Mr/Ms/Mrs/Rev):		Last Name(s): <u>STEPHEN</u>	
First Name: <u>KASUKA</u>		Date of Birth: (dd/mm/yyyy) <u>11/09/1992</u>	
Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Marital Status: Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Others (Specify below) <input type="checkbox"/>		
RELIGION: <u>S.O.A</u>			
Passport / ID No.	Nationality: <u>UGANDAN</u>	Country of Birth: <u>UGANDA</u>	
Country of Ordinary Residence: <u>UGANDA</u>	Occupation: <u>MEDICAL CLINICAL OFFICER</u>		

Please attach a recent  
passport photograph

Permanent Home Address (Physical Address)	
<u>LUWERO DISTRICT</u> <u>MAKIBENGO L.C.I</u> <u>KAZANAMU PARISH</u> <u>KARAGATA SUBCOUNTRY</u>	
Telephone No:	<u>0775278366</u>
Mobile No:	<u>0706262867</u>
Email:	<u>askasuka@gmail.com</u>

## DETAILS OF PROGRAM(S) TO STUDY (To select a program, refer to [www.saiu.ac.ug](http://www.saiu.ac.ug))

1st Choice:	<u>BACHELORS OF MEDICINE AND SURGERY</u>		
2nd Choice:			
3rd Choice:			
Please indicate how you heard about SAIU Programs			
Website <input checked="" type="checkbox"/>	Newspaper <input checked="" type="checkbox"/>	Social media <input type="checkbox"/>	Friend <input type="checkbox"/>
Mode of fees payment			
Per semester <input checked="" type="checkbox"/>	Per Year <input checked="" type="checkbox"/>	Entire program duration <input type="checkbox"/>	
Proposed start date			
January 2017 <input type="checkbox"/>	April 2017 <input type="checkbox"/>	August 2017 <input checked="" type="checkbox"/>	

## FOR OFFICIAL USE ONLY

School Decision
Application No.
Course

This completed form and all supporting documents should be sent to or delivered to the University via E-mail, Post or by Hand not later than December 30<sup>th</sup>, March 30<sup>th</sup> or July 30<sup>th</sup> respective of the intake of the year you are seeking admission.

**Undergraduate Applications**  
Office of the Registrar  
St Augustine International University  
Bunga Hill Main Campus, P.O. Box 26687, Kampala, Uganda  
Mobile: +256 705 444 540, +256 784290233  
Email: [admissions@saiu.ac.ug](mailto:admissions@saiu.ac.ug), [ar@saiu.ac.ug](mailto:ar@saiu.ac.ug), [contact@saiu.ac.ug](mailto:contact@saiu.ac.ug)

For further information please visit [www.saiu.ac.ug](http://www.saiu.ac.ug)

**PARENT/GUARDIAN INFORMATION**

(Give details of Parents and Guardian where applicable)

Father	KITKO STEPHEN
Is father living?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Date Deceased <u>??/??/1994</u> dd/mm/yyyy)
Name:	KITKO STEPHEN
Nationality:	UGANDAN
Occupation:	PEASANT FARMER
Telephone No: Include Area/Country code	
Mobile No: Include Area/Country code	
Email:	

Mother	
Is Mother living?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Date Deceased _____ ) dd/mm/yyyy
Name:	NANFUKA ELINA
Nationality:	UGANDAN.
Occupation:	PEASANT FARMER
Telephone No: Include Area/Country code	
Mobile No: Include Area/Country code	
Email:	

Guardian	
Is Guardian living?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Date Deceased _____ ) dd/mm/yyyy
Name:	MRS KIWANUKA ROSE
Nationality:	UGANDAN.
Occupation:	SOCIAL WORKER
Telephone No: Include Area/Country code	
Mobile No: Include Area/Country code	
Email:	<del>rokiwana</del> rokiwana@yahoo.com



# PREVIOUS EDUCATION

## SECONDARY SCHOOL LEAVING EXAMINATION

UGANDA ADVANCED CERTIFICATE OF EDUCATION (UACE) OR EQUIVALENT

Certified photocopies of results and certificates must be attached to this application form.

Examining Authority:	UGANDA NATIONAL EXAMINATIONS BOARD	
Name and Address of School:	BOMBO SECONDARY SCHOOL, P.O. BOX 118 BOMBO LUWERO	
Year of Examination:	2011	Index No. U5081/589

2011							
Subjects Include whether Principal (P) or Subsidiary (S)	Results/Grade						Overall Grade
	Papers						
	1	2	3	4	5	6	
	5	5					D
MATHEMATICS	4	4	6				D
CHEMISTRY	5	9	4				O
BIOLOGY	5	5			6	4	D
ART							

## ORDINARY LEVEL EXAMINATION

UGANDA CERTIFICATE OF EDUCATION (UCE) OR EQUIVALENT

Certified photocopies of results and certificates must be attached to this application form.

Examining Authority:	UGANDA NATIONAL EXAMINATIONS BOARD	
Name and Address of School:	KALANAMU SECONDARY SCHOOL, P.O. BOX 508 BOMBO LUWERO	
Year of Examination:	2009	Index No. U1284/004

Subjects Provide Grade/Marks (not pass, credit, distinction) If a subject is not listed, include it in the spaces provided					
Subject	Grade	Subject	Grade	Subject	Grade
ACCOUNTING		ENGLISH LITERATURE		MUSIC	
AGRICULTURE		FINE ART		PHYSICS	4
BIOLOGY	5	FRENCH		RELIGIOUS EDUCATION	
CHEMISTRY	6	GEOGRAPHY	3	TECHNICAL DRAWING	
COMMERCE	6	HISTORY	4	POL. EDUC	4
ENGLISH LANGUAGE	6	MATHEMATICS	3	HLIS	7

## ANY OTHER ACADEMIC QUALIFICATIONS

Certified photocopies of results and certificates must be attached to this application form.

University / Institute / College (Include address and Country)	Qualifications Obtained (If any)	Date Obtained	FullTime / Part Time / Distance
IKABALE INST. OF HEALTH SCI	DIPLOMA IN CLINICAL MEDICINE	JULY 2015	Full Time

## PERSONAL STATEMENT

Please provide a short statement indicating why you wish to undertake this Program (your first preference)

I Karula Stephen wish to undertake a course of bachelors in medicine and community surgery at St Augustine International University. Because at the end of it I became a competent medical practitioner with basic knowledge and skills to provide curative, preventative and palliative medicine to the people of Uganda, East Africa, Africa and entire world.

## REFERENCES

Please provide the name of a person who is aware of your academic or professional ability and can support your application by providing a reference. (N.B: Referee should not be related to you in anyway).

Name of Referee DR. MAGERA STEVEN (MBCNC).	
Physical Address KARAGATA HC IV - LUWERO DISTRICT.	
Address LUWERO	Postcode
City / Town KARAGATA	Telephone No 0784747419
Mobile No:	Fax
Country UGANDA	Email smagera@gmail.com

## DECLARATION

- a) I certify that the information provided, the statements made by myself and documents attached, are to the best of my knowledge, true and accurate.
- b) I hereby agree, if admitted as a student at St Augustine International University to observe and comply with all the rules and regulations, procedures and guidelines.
- c) I agree to St Augustine International University processing my personal data contained in this form, as well as other personal data the University may obtain from me, or from other people connected to my studies. I agree to the retention and disclosure of such data for normal academic and administrative purposes.

Applicant's Signature



Date:

11/7/2017.





THE ALLIED HEALTH PROFESSIONALS' COUNCIL

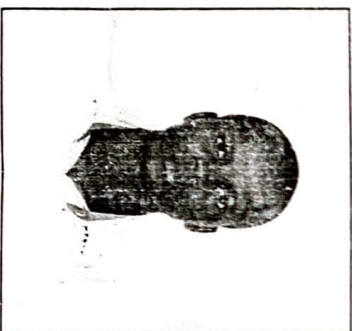
Certificate of Registration



ISSUED UNDER SECTION 25 OF THE ALLIED HEALTH PROFESSIONALS' ACT CAP 268

Date of Registration ..... 15 FEB 2016 ..... Registration Number: ..... 27042 .....

THIS IS TO CERTIFY that *Thasula Stephen*  
of *Luweero*  
has been registered as *Medical Clinical Officer*



*MR. S. O.*  
REGISTRAR

*Musa Sam*  
CHAIRPERSON



**Uganda Allied Health Examinations Board**

**(UAHEB)**

# **CERTIFICATE**

*KASULA STEPHEN*

This is to certify that .....

*UAHEB/039/033/12*

registration No: .....

has successfully completed an approved programme in

*CLINICAL MEDICINE & COMMUNITY HEALTH*

and has satisfied Uganda Allied Health Examinations Board

*DIPLOMA*

for the award of a .....

in *CLINICAL MEDICINE & COMMUNITY HEALTH*

*2015*

Year .....

*[Signature]*  
EXECUTIVE SECRETARY

*[Signature]*  
CHAIRPERSON

Serial Number

*DCM.A.13.0000009440*



# Uganda Allied Health Examinations Board



UAHEB/TR: 0003603

## ACADEMIC TRANSCRIPT



**SCHOOL:** KABALE INSTITUTE OF HEALTH SCIENCES

**DATE OF BIRTH:** 11/09/1992

**NAME:** KASULA STEPHEN

**SEX:** MALE

**NATIONALITY:** UGANDAN

**REG. No:** UAHEB/039/033/12 **YEAR OF REG.:** 2012/2013

**PROGRAMME:** CLINICAL MEDICINE & COMMUNITY HEALTH

Year 1: Semester One		Academic Year 2012/2013	
Course Code	Course Name	Grade	GP
DCM 1101	ANATOMY & PHYSIOLOGY I	A	5.0
DCM 1102	SOCIO-PSYCHOLOGY I	C-	2.0
DCM 1103	NURSING I	B	4.0
DCM 1104	FIRST AID I	C	2.5
DCM 1105	PHC I	B	4.0

**GPA:** 3.5

Year 1: Semester Two		Academic Year 2012/2013	
Course Code	Course Name	Grade	GP
DCM 1201	ANATOMY & PHYSIOLOGY II	B	4.0
DCM 1202	SOCIO-PSYCHOLOGY II	C-	2.0
DCM 1203	NURSING II	B-	3.5
DCM 1204	FIRST AID II	C+	3.0
DCM 1205	PHC I	C+	3.0

**GPA:** 3.1

Year 2: Semester One		Academic Year 2013/2014	
Course Code	Course Name	Grade	GP
DCM 2101	PHARMACOLOGY I	B+	4.5
DCM 2102	MICROBIOLOGY I	C+	3.0
DCM 2103	PSYCHIATRY I	C-	2.0
DCM 2104	OPHTHALMOLOGY I	B+	4.5
DCM 2105	DENTAL HEALTH I	B-	3.5
DCM 2106	PHC II	B-	3.5

**GPA:** 3.5

Year 2: Semester Two		Academic Year 2013/2014	
Course Code	Course Name	Grade	GP
DCM 2201	PHARMACOLOGY II	B	4.0
DCM 2202	MICROBIOLOGY II	B+	4.5
DCM 2203	PSYCHIATRY II	B-	3.5
DCM 2204	OPHTHALMOLOGY II	B+	4.5
DCM 2205	DENTAL HEALTH II	C-	2.0
DCM 2206	PHC II	B	4.0

**GPA:** 3.75

Year 3: Semester One		Academic Year 2014/2015	
Course Code	Course Name	Grade	GP
DCM 3101	OBSTETRICS & GYNAECOLOGY I	C	2.5

DCM 3102	SURGERY I	C	2.5
DCM 3103	MEDICINE I	C+	3.0
DCM 3104	PAEDIATRICS I	B-	3.5
DCM 3105	PUBLIC HEALTH I	B	4.0

**GPA:** 3.1

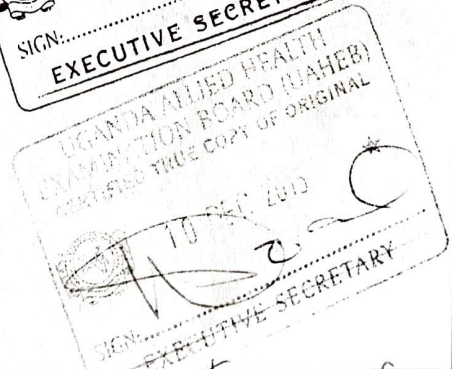
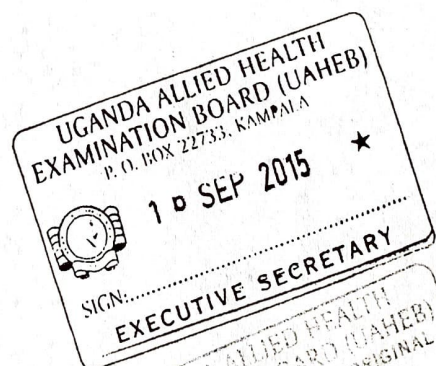
Year 3: Semester Two		Academic Year 2014/2015	
Course Code	Course Name	Grade	GP
DCM 3201	OBSTETRICS & GYNAECOLOGY II	B	4.0
DCM 3202	SURGERY II	B-	3.5
DCM 3203	MEDICINE II	C+	3.0
DCM 3204	PAEDIATRICS II	C	2.5
DCM 3205	PUBLIC HEALTH II	C	2.5
ERM 2201	RESEARCH REPORT	C-	2.0

**GPA:** 2.92

**CGPA:** 3.32

**DATE OF COMPLETION:** JULY 2015

**AWARD:** Diploma in Clinical Medicine & Community Health



*[Signature]*  
EXECUTIVE SECRETARY

*[Signature]*  
CHAIRPERSON

# Uganda National Examinations Board



This is to certify that the candidate named below, and whose photograph appears, sat for the Uganda Advanced Certificate of Education Examination in the year 2011, and qualified for the award of the



## Uganda Advanced Certificate of Education

The candidate passed at the level shown (Principal or Subsidiary) in the subject(s) named and attained the Grade(s) as indicated.

KASULA STEPHEN (AGE 19)  
BOMBO SECONDARY SCHOOL, P.O.BOX 118 BOMBO

U0081 589

MATHEMATICS  
CHEMISTRY  
BIOLOGY  
ART

SUBJECTS RECORDED: \*FOUR

U.A.C.E. STANDARD	GRADE
Principal	D
Principal	D
Subsidiary	O
Principal	D


Secretary

Uganda National Examinations Board



Chairman

Uganda National Examinations Board

Not valid without a hologram with the UNEB crest.  
Hold this document to the light to verify  can be seen through the paper.

A thread is running vertically through the sheet.  
The photograph of the candidate is printed, not affixed.



A 1123518

(See overleaf)



# Uganda National Examinations Board



This is to certify that the candidate named below sat for the Uganda Certificate of Education Examination in the year 2009, and qualified for the award of the

## Uganda Certificate of Education

DIVISION II

THE CANDIDATE REACHED THE GRADE SHOWN IN THE SUBJECTS NAMED.

KASULA STEPHEN

(AGE 17)

U1284/004

KALANAMU SECONDARY SCHOOL

P.O. BOX 508 BOMBO

GRADE

ENGLISH  
HISTORY  
GEOGRAPHY  
POLITICAL EDUCATION  
MATHEMATICS  
PHYSICS  
CHEMISTRY  
BIOLOGY  
HEALTH SCIENCE  
COMMERCE

6 (SIX)  
4 (FOUR)  
3 (THREE)  
4 (FOUR)  
3 (THREE)  
4 (FOUR)  
6 (SIX)  
5 (FIVE)  
7 (SEVEN)  
6 (SIX)

SUBJECTS NAMED: TEN

SUBJECTS PASSED: TEN


Secretary

Uganda National Examinations Board



Chairman

Uganda National Examinations Board

Not valid without a hologram with the UNEB crest.  
Hold this document to the light to verify  can be seen through the paper.  
A thread is running vertically through the sheet.

U 2171672

(See overleaf)

ORIGINAL

FORM II



THE REPUBLIC OF UGANDA

No.

LUWERO DISTRICT COUNCIL

## BIRTH CERTIFICATE

(The Registration of Births and Deaths Act 1996)

Name of Child ..... *JOHN EMMANUEL* .....

Date of Birth ..... *13/04/11* ..... Sex ..... *MALE* .....

Father's Name ..... *JOHN EMMANUEL* .....

Mother's Name ..... *JOHN EMMANUEL* .....

Address ..... *JOHN EMMANUEL* ..... Place ..... *JOHN EMMANUEL* .....

Occupation ..... *JOHN EMMANUEL* ..... Sub county ..... *JOHN EMMANUEL* .....

County ..... *JOHN EMMANUEL* ..... Date of Issue ..... *JOHN EMMANUEL* .....

Fee: Shs. .... *JOHN EMMANUEL* .....

PICA 1996 ..... *JOHN EMMANUEL* ..... Sub County Chief



REPUBLIC OF UGANDA  
NATIONAL ID CARD



**SURNAME**

## KASULA

GIVEN NAME

**STEPHEN**

### NATIONALITY

UGA

**SEX**

M

DATE OF BIRTH

11 09 1992

MIN

**CM92023106GWAC**

**GARD NO.**

016951377

DATE OF EXPIRY

26.08.2025

HOLDERS SIGNATURE



**RIGHT THUMB**



**VILLAGE:**

**PARISH:**

**S. COUNTY**

**COUNTY:**  
SARASOTA

**NAKIBENGO**

**NAKIBENGU  
KALANAMU**

KALAGALA

**BAMUNANIK**

IDUGA0169513777CM92023106GWAC<  
9209116M2508267UGA150826<<<<<3  
KASULA<<STEPHEN<<<<<<<<<<<<<



**St. Augustine International University**  
**"Moral Rearmament, Wealth Multiplication"**  
**Office of the Academic Registrar**

---

**Wednesday 12<sup>th</sup> July, 2017**

**Dear KASULA STEPHEN**

**RE: OFFER LETTER FOR AUGUST 2017 INTAKE IN YEAR 1 SEMESTER 1**

On the basis of your application and attached copies of academic documents, the Admissions Board has recommended to the University that you be admitted to our Executive Programme leading to the award of **BACHELOR OF MEDICINE AND BACHELOR OF SURGERY** at St. Augustine International University (SAIU). You are placed in our top group of admitted students and we welcome you to SAIU. The main reason you should consider SAIU seriously is the strength of our faculty, facilities and programmes. We take pride both in the exceptional stature of SAIU faculty and the commitment to quality education. Vacancies for the offered Programme are limited therefore you are requested to confirm your acceptance of this offer not later than **31<sup>st</sup> July, 2017** by payment of the tuition and functional fees. Due to limited vacancies on this Programme you are advised to pay the above fees as soon as possible so that you can be issued with an admission letter while there are still vacancies on the August 2017 intake. **The academic year starts on 14<sup>th</sup> August, 2017.** After fulfillment of the above condition, an official admission letter will be issued to you. Payment should strictly be made to account details A/C Name St. Augustine International University, A/C No. 02363504848976, Bank: DFCU Bank, Uganda. In case of bank-bank transfers, the swift code is DFCUUGKA.

The tuition fees for the program in the academic year 2017/2018 are **United States Dollars Two thousand (\$2000)** per semester, **functional fees of United States Dollars One hundred and fifty (\$150)** per semester. National Council for Higher Education fee is **UG SHS 20,000** per year, payable at any Stanbic Bank branch. All fees are payable in full before the beginning of each semester. Please note that the University is non-residential.

Yours Faithfully

  
.....

**Dr. Annabella Habinka Basaza Ejiri**  
**Academic Registrar**



taken original of 8<sup>th</sup>/8/2017

ST.AUGUSTINE  
INTERNATIONAL UNIVERSITY  
"Moral Rearmament, Wealth Multiplication"



Plot 31, Bunga Hill, Ggaba Road  
P.o.Box 88, Kampala, Uganda  
+256 784 290 233, +256 752 552 557  
contact@saiu.ac.ug web: www.saiu.ac.ug

#### SAIU VISION

To be recognized as a moral rearmament, job creation and innovation driven University.

#### SAIU MISSION

To pursue research, teaching, and learning of international distinctions, academically current, innovative and responsive to local and global community needs.

Applicant: Kasula Stephen

Mob: +256 775 278366/ +256 706 262867

Email: askasula@gmail.com

Former School: Bombo Secondary School

Signature: [Signature]

#### ENROLLED PROGRAMME

MBChB

#### STUDENT COMMITMENTS

- To be part and work with SAIU team
- To pay tuition fees in advance of beginning the Semester
- To attend 100% of lectures in a semester
- To be present at SAIU campus during study time
- To advise SAIU in case of absence
- To participate in most SAIU activities
- To behave in a responsible way on and off campus

#### PERSONAL OBJECTIVE

To serve and grow SAIU in research, teaching and community engagement

#### College:

Medicine, Health and Life Sciences

#### Student Name:

Kasula Stephen

#### Academic Year

2017/2018

#### Semester

Year 1 Semester 1

#### Date:

12/7/2017

#### Form No.

#### Invoice Number:

136 / 202

#### Receipt No.

#### Application No.

#### Invoice to:

Kasula Stephen

#### Programme:

MBChB

#### Particulars

#### Amount (USD)

#### Amount Total (USD)

#### Tuition Fee

\$2000

#### SAIU Scholarship

#### Functional Fees

\$150

#### Application Fee

\$21

#### Other (s)

#### Payment terms:

\$2150 / 2171

Immediate payment by money transfer ONLY to the account below.

{St. Augustine International University}

Account No: { 02363504848976 }

Bank: DFCU Bank – Uganda Swift code: DFCUUGKA

Your application has been processed on the basis of your academic documents presented. You are required to pay total tuition. You will be registered on presentation of the payment slip. Also pay UGX 20,000 per year for National Council for Higher Education in any Stanbic Bank branch.

*Misrepresentation, Falsification* of documents, impersonation or providing false or incomplete information whenever discovered, either at registration or afterwards, will lead to *automatic cancellation of admission*, Revocation of award where applicable & prosecution in the courts of law.

SIGNATURE

[Signature]  
Dr. Annabella H. Ejiri +256 772 571 444 ar@saiu.ac.ug

**Academic Registrar**

SIGNED IN THE PRESENCE OF:

[Signature]  
Prof. Luvina Arun +256 757 234 814 luvina700@gmail.com

**DVC – Finance, Marketing & Administration**

STAMP

12 JUL 2017

**KNOW ALL MEN BY THESE PRESENTS,  
THIS IS A DEED OF ABSOLUTE PAYMENT OF TUITION**

This box for University use only

# Undergraduate Application Form 2017



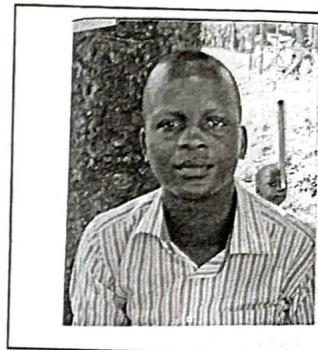
**ST. AUGUSTINE  
INTERNATIONAL  
UNIVERSITY**

Bunga Hill Main Campus, P.O. Box 26687, Kampala, Uganda  
Mobile: +256 705 444 540, +256 784290233  
Email: [admissions@saiu.ac.ug](mailto:admissions@saiu.ac.ug), Website: [www.saiu.ac.ug](http://www.saiu.ac.ug)

Please write clearly in capital letters with blue/black ball pen

## PERSONAL INFORMATION

Title (Dr/Mr/Ms/Mrs/Rev): <b>MR</b>		Last Name(s): <b>KASULA</b>	
First Name: <b>STEPHEN</b>		Date of Birth: (dd/mm/yyyy) <b>11/09/1992</b>	
Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Marital Status: Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Others (Specify below) <input type="checkbox"/>		
Passport / ID No. <b>010951377</b>		Nationality: <b>UGANDAN</b>	Country of Birth: <b>UGANDA</b>
Country of Ordinary Residence: <b>UGANDA</b>		Occupation: <b>MEDICAL CLINICAL OFFICER</b>	



## Permanent Home Address (Physical Address)

**NAKIBENGO LCI  
KAZANAMU PARISH  
BAMUNAMUKA COUNTY  
LUWERO DISTRICT**

Telephone No: **0775278366**

Mobile No: **0706262867**

Email: **gskasula@gmail.com**

## DETAILS OF PROGRAM(S) TO STUDY (To select a program, refer to [www.saiu.ac.ug](http://www.saiu.ac.ug))

1st Choice: **BACHELORS OF MEDICINE & SURGERY**

2nd Choice:

3rd Choice:

Please indicate how you heard about SAIU Programs

Website ☒ Newspaper ☒ Social media ☐ Friend ☒

Mode of fees payment

Per semester ☒ Per Year ☒ Entire program duration ☐

Proposed start date

January 2017 ☐ April 2017 ☐ August 2017 ☒

This completed form and all supporting documents should be sent to or delivered to the University via E-mail, Post or by Hand not later than December 30<sup>th</sup>, March 30<sup>th</sup> or July 30<sup>th</sup> respective of the intake of the year you are seeking admission.

**Undergraduate Applications**

**Office of the Registrar**

**St Augustine International University**

**Bunga Hill Main Campus, P.O. Box 26687, Kampala, Uganda**

**Mobile: +256 705 444 540, +256 784290233**

**Email: [admissions@saiu.ac.ug](mailto:admissions@saiu.ac.ug), [ar@saiu.ac.ug](mailto:ar@saiu.ac.ug), [contact@saiu.ac.ug](mailto:contact@saiu.ac.ug)**

## FOR OFFICIAL USE ONLY

School Decision

**Admit to MBCHB**

Application No.

Course



# PARENT/GUARDIAN INFORMATION

(Give details of Parents and Guardian where applicable)

Father

Is father living? ☐ Yes ☒ No (Date Deceased 23/22/1994  
dd/mm/yyyy)

Name: KITYO STEPHEN

Nationality: UGANDAN

Occupation: PEASANT

Telephone No:  
Include Area/Country code

Mobile No:  
Include Area/Country code

Email:

Mother

Is Mother living? ☐ Yes ☒ No (Date Deceased 5/6/2013  
dd/mm/yyyy)

Name: NANFUKA ELINA

Nationality: UGANDAN

Occupation: PEASANT

Telephone No:  
Include Area/Country code

Mobile No:  
Include Area/Country code

Email:

Guardian

Is Guardian living? ☒ Yes ☐ No (Date Deceased \_\_\_\_\_ )  
dd/mm/yyyy

Name: MRS KIWANUKA ROSE

Nationality: UGANDAN

Occupation: Social SERVICES

Telephone No:  
Include Area/Country code 0772581281

Mobile No:  
Include Area/Country code

Email: rokiwanu@yahoo.com

## PREVIOUS EDUCATION

### SECONDARY SCHOOL LEAVING EXAMINATION

UGANDA ADVANCED CERTIFICATE OF EDUCATION (UACE) OR EQUIVALENT

Certified photocopies of results and certificates must be attached to this application form.

Examining Authority: UGANDA NATIONAL EXAMINATION BOARD	
Name and Address of School: BOMBU <del>KARADAMU</del> SENIOR SECONDARY SCHOOL P.O. BOX 308 BOMBU - LUWERO UGANDA	
Year of Examination: 2009 2011	Index No. 41284/004 40081/589

Subjects		Results/Grade						
Include whether Principal (P) or Subsidiary (S)								
		Papers						Overall Grade
		1	2	3	4	5	6	
BIOLOGY								
BIOLOGY		5	9	4				D
MATHEMATICS		5	5					D
CHEMISTRY		4	4	6				D
ART		5	5					D

### ORDINARY LEVEL EXAMINATION

UGANDA CERTIFICATE OF EDUCATION (UCE) OR EQUIVALENT

Certified photocopies of results and certificates must be attached to this application form.

Examining Authority: UGANDA NATIONAL EXAMINATION BOARD	
Name and Address of School: KARADAMU SENIOR SECONDARY SCHOOL LUWERO UGANDA	
Year of Examination: 2009	Index No. 41284/004

Subjects Include Grade/Marks (not pass, credit, distinction) If a subject is not listed, include it in the spaces provided					
Subject	Grade	Subject	Grade	Subject	Grade
ACCOUNTING		ENGLISH LITERATURE		MUSIC	
AGRICULTURE		FINE ART		PHYSICS	
BIOLOGY	5	FRENCH		RELIGIOUS EDUCATION	4
CHEMISTRY	6	GEOGRAPHY	3	TECHNICAL DRAWING	
COMMERCE	6	HISTORY	4	POL. EDUC	4
ENGLISH LANGUAGE	6	MATHEMATICS	3	HEALTH EDUC	7

### ANY OTHER ACADEMIC QUALIFICATIONS

Certified photocopies of results and certificates must be attached to this application form.

University / Institute / College (Include address and Country)	Qualifications Obtained (If any)	Date Obtained	FullTime / Part Time / Distance
KABALE INSTITUTE OF H.E	DIPLOMA IN CLINICAL MEDICINE	JULY 2015	Full Time





Uganda Allied Health Examinations Board

(UAHEB)

# CERTIFICATE

*KASULA STEPHEN*

This is to certify that .....

*UAHEB/039/033/12*

registration No: .....

has successfully completed an approved programme in

*CLINICAL MEDICINE & COMMUNITY HEALTH*

and has satisfied Uganda Allied Health Examinations Board

*DIPLOMA*

for the award of a .....

in *CLINICAL MEDICINE & COMMUNITY HEALTH*

Year *2015*

*[Signature]*  
EXECUTIVE SECRETARY

*[Signature]*  
CHAIRPERSON

Serial Number

*DCM.A.13.0000009440*

THE ALLIED HEALTH PROFESSIONALS' COUNCIL



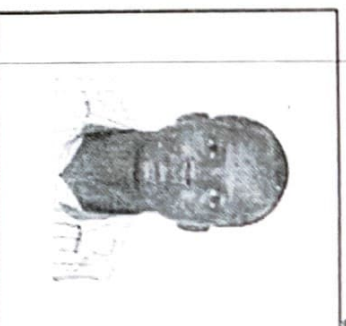
Certificate of Registration



ISSUED UNDER SECTION 25 OF THE ALLIED HEALTH PROFESSIONALS' ACT CAP 268

Date of Registration ..... 15 FEB 2016 ..... Registration Number: ..... 27042 .....

THIS IS TO CERTIFY that *Thasula Stephen*  
of *Luero*  
has been registered as *Medical Clinical Officer*



*MR. S. D.*  
REGISTRAR

*William Nank*  
CHAIRPERSON



# Uganda Allied Health Examinations Board

UAHEB/TR: 0003603



## ACADEMIC TRANSCRIPT



SCHOOL: KABALE INSTITUTE OF HEALTH SCIENCES

NAME: KASULA STEPHEN

SEX: MALE

DATE OF BIRTH: 11/09/1992

REG. No: UAHEB/039/033/12 YEAR OF REG.: 2012/2013

NATIONALITY: UGANDAN

PROGRAMME: CLINICAL MEDICINE & COMMUNITY HEALTH

Year 1: Semester One

Academic Year 2012/2013

Course Code Course Name

Grade GP

DCM 1101 ANATOMY & PHYSIOLOGY I

A 5.0

DCM 1102 SOCIO-PSYCHOLOGY I

C- 2.0

DCM 1103 NURSING I

B 4.0

DCM 1104 FIRST AID I

C 2.5

DCM 1105 PHC I

B 4.0

DCM 3102 SURGERY I

C 2.5

DCM 3103 MEDICINE I

C+ 3.0

DCM 3104 PAEDIATRICS I

B- 3.5

DCM 3105 PUBLIC HEALTH I

B 4.0

GPA: 3.1

GPA: 3.5

Year 3: Semester Two

Academic Year 2014/2015

Course Code Course Name

Grade GP

DCM 3201 OBSTETRICS & GYNAECOLOGY II

B 4.0

DCM 3202 SURGERY II

B- 3.5

DCM 3203 MEDICINE II

C+ 3.0

DCM 3204 PAEDIATRICS II

C 2.5

DCM 3205 PUBLIC HEALTH II

C 2.5

ERM 2201 RESEARCH REPORT

C- 2.0

GPA: 2.92

Year 1: Semester Two

Academic Year 2012/2013

Course Code Course Name

Grade GP

DCM 1201 ANATOMY & PHYSIOLOGY II

B 4.0

DCM 1202 SOCIO-PSYCHOLOGY II

C- 2.0

DCM 1203 NURSING II

B- 3.5

DCM 1204 FIRST AID II

C+ 3.0

DCM 1205 PHC I

C+ 3.0

GPA: 3.1

CGPA: 3.32

DATE OF COMPLETION: JULY 2015

AWARD: Diploma in Clinical Medicine & Community Health

Year 2: Semester One

Academic Year 2013/2014

Course Code Course Name

Grade GP

DCM 2101 PHARMACOLOGY I

B+ 4.5

DCM 2102 MICROBIOLOGY I

C+ 3.0

DCM 2103 PSYCHIATRY I

C- 2.0

DCM 2104 OPHTHALMOLOGY I

B+ 4.5

DCM 2105 DENTAL HEALTH I

B- 3.5

DCM 2106 PHC II

B- 3.5

GPA: 3.5

Year 2: Semester Two

Academic Year 2013/2014

Course Code Course Name

Grade GP

DCM 2201 PHARMACOLOGY II

B 4.0

DCM 2202 MICROBIOLOGY II

B+ 4.5

DCM 2203 PSYCHIATRY II

B- 3.5

DCM 2204 OPHTHALMOLOGY II

B+ 4.5

DCM 2205 DENTAL HEALTH II

C- 2.0

DCM 2206 PHC II

B 4.0

GPA: 3.75

Year 3: Semester One

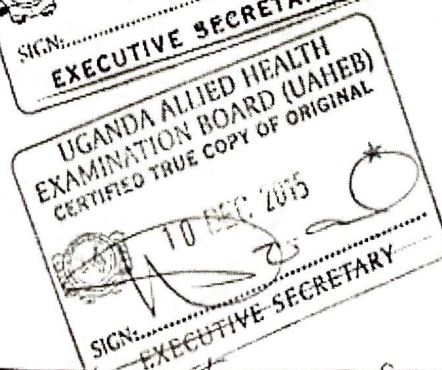
Academic Year 2014/2015

Course Code Course Name

Grade GP

DCM 3101 OBSTETRICS & GYNAECOLOGY I

C 2.5



*[Signature]*  
EXECUTIVE SECRETARY

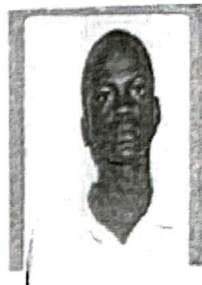
*[Signature]*  
CHAIRPERSON

# Uganda National Examinations Board



This is to certify that the candidate named below, and whose photograph appears, sat for the Uganda Advanced Certificate of Education Examination in the year 2011, and qualified for the award of the

## Uganda Advanced Certificate of Education



The candidate passed at the level shown (Principal or Subsidiary) in the subject(s) named and attained the Grade(s) as indicated.

KASULA STEPHEN (AGE 19)  
BOMBO SECONDARY SCHOOL, P.O. BOX 118 BOMBO

U0081 589

MATHEMATICS  
CHEMISTRY  
BIOLOGY  
ART

SUBJECTS RECORDED: \*FOUR

U.A.C.E. STANDARD	GRADE
Principal	D
Principal	D
Subsidiary	O
Principal	D


Secretary

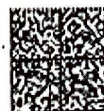
Uganda National Examinations Board



Chairman

Uganda National Examinations Board

Not valid without a hologram with the UNEB crest.  
Hold this document to the light to verify  can be seen through the paper.  
A thread is running vertically through the sheet.  
The photograph of the candidate is printed, not affixed.



A 1123518

(See overleaf)



# Uganda National Examinations Board



This is to certify that the candidate named below sat for the Uganda Certificate of Education Examination in the year 2009, and qualified for the award of the

## Uganda Certificate of Education

DIVISION II

THE CANDIDATE REACHED THE GRADE SHOWN IN THE SUBJECTS NAMED.

KASULA STEPHEN

(AGE 17)

U1284/004

KALANAMU SECONDARY SCHOOL

P.O. BOX 508 BOMBO

### GRADE

ENGLISH  
HISTORY  
GEOGRAPHY  
POLITICAL EDUCATION  
MATHEMATICS  
PHYSICS  
CHEMISTRY  
BIOLOGY  
HEALTH SCIENCE  
COMMERCE

6 (SIX)  
4 (FOUR)  
3 (THREE)  
4 (FOUR)  
3 (THREE)  
4 (FOUR)  
6 (SIX)  
5 (FIVE)  
7 (SEVEN)  
6 (SIX)

SUBJECTS NAMED: TEN

SUBJECTS PASSED: TEN


Secretary

Uganda National Examinations Board



Chairman

Uganda National Examinations Board

Not valid without a hologram with the UNEB crest.  
Hold this document to the light to verify  can be seen through the paper.  
A thread is running vertically through the sheet.

U 2171672

(See overleaf)



## St. Augustine International University

"Moral Rearmament, Wealth Multiplication"

### Office of the Academic Registrar

Thursday 24<sup>th</sup> August, 2017

Dear: KASULA STEPHEN

REGISTRATION NO: 2017AG/MBChB/1048

#### ADMISSION FOR AUGUST INTAKE 2017/2018 YEAR 1 SEMESTER I

The Admissions Board has recommended to the University that you be admitted to our Executive Program leading to the award of **BACHELOR OF MEDICINE AND BACHELOR OF SURGERY** at St. Augustine International University (SAIU). You are placed in our top group of admitted students and we welcome you to SAIU. The main reason you should consider SAIU seriously is the strength of our faculty, facilities and program. We take pride both in the exceptional stature of SAIU faculty and the commitment to graduate education. Payment should strictly be made to account details A/C Name St. Augustine International University, A/C No. 02363504848976 DFCU BANK, Kampala – Uganda.

**Program Duration:** FIVE (5) Years

**Reporting Date:** Monday 14<sup>th</sup> AUGUST, 2017

#### Registration

This offer has been made on the basis of your application and attached copies of academic documents (qualifications). All original authentic documentation must be presented at the time of registration including original tuition fees bank pay in slip/EFT/RTGS, academic transcripts, recommendation letter from your former school, identification (ID, Passport or Driving Permit) and five recent passport-size photographs. Presentation of forged documents leads to automatic disqualification. You must pay the total tuition before the reporting date failure of which will automatically make you forfeit your place.

#### University Fees for the Semester

The tuition fees for the program in the academic year 2017/2018 are **United States Dollars Two thousand (\$2000)** per semester. In addition to the tuition fee, there is **functional fees of United States Dollars One hundred and fifty (\$150)** per semester. National Council for Higher Education fee is **UG SHS.20,000** per year, payable at any Stanbic Bank branch. All fees are payable in full before the beginning of each semester. The University is non-residential.

Congratulations upon your admission to St. Augustine International University. We look forward to you integrating into a new and vibrant intellectual community.





Yours Sincerely



Dr. Annabeila Habinka Basaza Ejiri

Academic Registrar



Please note:

1. Fees paid are nonrefundable.
2. A certified translation must be provided for all documents in a language other than English
3. Misrepresentation, falsification of documents, impersonation or providing false or incomplete information whenever discovered, either at registration or afterwards, will lead to automatic cancellation of admission, revocation of award where applicable and prosecution in the Courts of Law.

**Total Tuition fees, Functional fees and National Council for Higher Education fees must be paid before registration.**