



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

Wednesday 31st August, 2016

Student No. A16104

Dear: BARUNGI ALEX MWOREKO

Reg. No. MBChB 16A01/099

Admission to University 2016/2017 Yr 1

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. You are requested to confirm your acceptance of this offer by **1ST SEPTEMBER 2016** by payment of the total tuition fees. Payment should strictly be made to account details A/C Name St. Augustine International University, A/C No. 8702014482200, Bank: Standard Chartered Bank, Speke Road, Kampala – Uganda.

Reporting Date: 1ST SEPTEMBER 2016

Program Duration: FIVE (5) Years

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 2016/2017 are **United States Dollars Two thousand (\$2000)** 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. Annabella Habinka Basaza Ejiri
Academic Registrar



Please note:

1. Fees paid are non refundable.
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 and National Council for Higher Education fees must be paid before registration.

This box for University use only



**ST. AUGUSTINE
INTERNATIONAL
UNIVERSITY**

Undergraduate Direct Entry Application Form 2016/2017

Bunga Hill Main Campus, P.O. Box 26687, Kampala, Uganda
Mobile: +256 705 444 540, +256 312 516 789
Email: admission@saiu.ac.ug, Website: www.saiu.ac.ug

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

PERSONAL INFORMATION

Title (Dr/Mr/Ms/Mrs/Rev): <u>Ms</u>		Last Name(s): <u>BARUGI MIWOREKO</u>	
First Name: <u>ALEX</u>		Date of Birth: (dd/mm/yyyy) <u>13th / November / 1996</u>	
Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Marital Status: Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Others (Specify below) <input type="checkbox"/>		
Passport / ID No.	Nationality: <u>UGANDAN</u>	Country of Birth: <u>UGANDA</u>	
Country of Ordinary Residence: <u>UGANDA</u>	Occupation: <u>STUDENT</u>		



Permanent Home Address

(Physical Address)

MANSANA (WAKISO)

Telephone No:

0756130670

Mobile No:

Email:

barugileza@gmail.com

DETAILS OF PROGRAM(S) TO STUDY (To select a program, refer to www.saiu.ac.ug/programs)

1st Choice:

Bachelor of Medicine and Bachelor of 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

August 2016 ☒

January 2016 ☐

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 June 30th 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, +256 312 516 789

Email: admission@saiu.ac.ug

For further information please visit www.saiu.ac.ug

PARENT/GUARDIAN INFORMATION

(Give details of Parents and Guardian where applicable)

Father

Is father living? ☐ Yes ☒ No (Date Deceased _____)

dd/mm/yyyy

Name:

MR. ALEX MUKOREKO

Nationality:

UGANDAN

Occupation:

Telephone No:

Include Area/Country code

Mobile No:

Include Area/Country code

Email:

Mother

Is Mother living? ☒ Yes ☐ No (Date Deceased _____)

dd/mm/yyyy

Name:

MRS. WILLIAM KYOHAGIRWE MUKOREKO

Nationality:

UGANDAN

Occupation:

Social WORKER

Telephone No:

Include Area/Country code +256392947313

Mobile No:

Include Area/Country code +256703975192

Email:

mukoreko@gmail.com

Guardian

Is Guardian living? ☐ Yes ☐ No (Date Deceased _____)

dd/mm/yyyy

Name:

Nationality:

Occupation:

Telephone No:

Include Area/Country code

Mobile No:

Include Area/Country code

Email:

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: <u>UNEB</u>	
Name and Address of School: <u>NAMIREMBE HILLSIDE HIGH SCHOOL</u> <u>KAMPALA - GAYAZA</u>	
Year of Examination: <u>2014</u>	Index No. <u>U0956/730</u>

Subjects <small>Include whether Principal (P) or Subsidiary (S)</small>	Results/Grade						Overall Grade
	Papers						
	1	2	3	4	5	6	
<u>MATHEMATICS</u>	<u>3</u>	<u>4</u>					<u>B</u>
<u>CHEMISTRY</u>	<u>6</u>	<u>4</u>	<u>2</u>				<u>C</u>
<u>BIOLOGY</u>	<u>4</u>	<u>6</u>	<u>3</u>				<u>C</u>
<u>SUBSIDIARY COMPUTER</u>							<u>B</u>

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: <u>UNEB</u>	
Name and Address of School: <u>MARTILL HIGH SCHOOL</u> <u>KABARARA</u>	
Year of Examination: <u>2012</u>	Index No. <u>U0046/083</u>

Subjects <small>Provide Grade/Marks (not pass, credit, distinction) If a subject is not listed, include it in the spaces provided</small>					
Subject	Grade	Subject	Grade	Subject	Grade
ACCOUNTING		ENGLISH LITERATURE		MUSIC	
AGRICULTURE	<u>3</u>	FINE ART		PHYSICS	<u>5</u>
BIOLOGY	<u>4</u>	FRENCH		RELIGIOUS EDUCATION	<u>3</u>
CHEMISTRY	<u>5</u>	GEOGRAPHY	<u>3</u>	TECHNICAL DRAWING	
COMMERCE		HISTORY	<u>5</u>		
ENGLISH LANGUAGE	<u>3</u>	MATHEMATICS	<u>2</u>		

ANY OTHER ACADEMIC QUALIFICATIONS

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

University / Institute / College <small>(Include address and Country)</small>	Qualifications Obtained <small>(If any)</small>	Date Obtained	FullTime / Part Time / Distance
<u>Kampala International University</u>	<u>1st Year Semester 1</u>		<u>Full time</u>

PERSONAL STATEMENT

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

I wish to undertake the program because it is my dream and I have the passion to become a Doctor.

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 MR. KAFEEGYE ISRAEL	
Physical Address MANSANA (WAKISO)	
Address	Postcode
City / Town KAMPALA	Telephone No +256 783 611157
Mobile No: +256 704 931039	Fax
Country UGANDA	Email

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:

31st / August / 2016

NAME: BARUNGI ALEX MWOREKO

SEX: FEMALE

NATIONALITY: UGANDAN

PROGRAM: BACHELOR OF MEDICINE AND BACHELOR OF SURGERY

REGISTRATION NO: BMS/2049/153/DU

ENTRY MODE: DIRECT

DATE OF ENTRY: 9/15/2015

DATE OF BIRTH:

2015/2016		JULY				YEAR 1 SEM 1			
COURSE CODE	COURSE TITLE	CU	CW	EYE	TT	LG	TP		
MHA 110	Human Anatomy 1 (Histology/Upper And Lower Limbs/Embryology)	4	15	26	41	F	0.0		
MCO 110	Introduction To Community & Community Diagnosis (Coberms) 1	6	0	69	69	C+	3.5		
MBC 110	Medical Biochemistry 1 (Fundamental Of Biochemistry)	2	20	27	47	F	0.0		
MPH 110	Medical Physiology 1 (Cell Biology/Excitable Tissues/Blood And Body Fluids/Cvs)	5	28	26	54	D	2.0		
MSN110	Nursing Skills/Process	2	25	36	61	C	3.0		
								GPA: 1.95	

Grading System

80 - 100	A	60 - 64.9	C
75 - 79.9	B+	55 - 59.9	D+
70 - 74.9	B	50 - 54.9	D
65 - 69.9	C+	Less than 50	F

CU = Credit Unit

LG = Letter Grade

GP = Grade Point

GPA = Grade Point Average

CGPA = Cummulative Grade Point Average

50* = Retake/Supplementary

PRINTED ON

8/16/2016

SIGNATURE: *[Signature]*

Director of Academic Affairs (DAA)

SIGNATURE: *[Signature]*

Dean/Director of Faculty/School





KAMPALA
INTERNATIONAL
UNIVERSITY

Western Campus
P.O. Box 71, Bushenyi, Uganda
Tel: 0756452028
Fax:
E-mail: admission@kiu.ac.ug

OFFICE OF DEAN OF BIOMEDICAL SCIENCE

29th August 2016

TO WHOME IT MAY CONCERN

RE: TRANSFER OF BARUNGI ALEX MWOREKO

This is to inform you that the above named person with Reg No.BMS/2049/143/DF was a student at Kampala International University. She completed his 1st year, First semester in a five and half medical course. She has been a well disciplined and hardworking student. She requested for a transfer to another University due to health issues of which the parents find it better if she can do the course from a university closer to home.

Any assistance rendered to her will be highly appreciated.

Thank you for your cooperation

Yours faithfully,

M. A. Okech
Dr. Matilda A. Okech

Dean Faculty Biomedical Science





UGANDA NATIONAL EXAMINATIONS BOARD

OUR REFERENCE: EA/GEN/40

YOUR REFERENCE:

05 March 2014

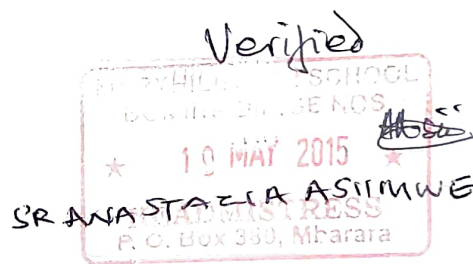
The Headteacher
Marrhill High School
P. O. Box 380
MBARARA

P.O. Box 7066,
Ntinda Tel: 0414 286635/6/7/8,
Fax: 0414 289397
Kyambogo Tel: 0312 260753, 0414 289399, 286173,
Fax: 0312 260752
E-mail: uneb@africaonline.co.ug, uneb@uneb.ac.ug
Website: www.uneb.ac.ug
KAMPALA, Uganda.

RE: BARUNGI ALEX MWOREKO - U0046/083 UCE 2012

We certify that the above named candidate sat for Uganda Certificate of Education in 2012 at Maryhill High School, using the above index number and obtained the following grades:

English Language	3
Christian Religious Education	3
History	5
Geography	3
Mathematics	2
Agric Principles and Practices	3
Physics	5
Chemistry	5
Biology	4
Entrepreneurship Education	3



Grade Aggregate: 26


Result: 1

The standard reached in each subject taken is shown by a grade from 1 to 9. The table given below shows the meaning of these grades and letters of Uganda Certificate of Education Standard and GCE Equivalent.

Grade	UCE Standard	GCE Standard
1,2	Pass with Distinction	Ordinary Level
3,4,5,6	Pass with Credit	Ordinary Level
7,8	Pass	
9	Fail	

Prior to the 2006 examination, the grade aggregate was obtained by adding the best six grades. From 2006, the grade aggregate is obtained from the best eight grades. Result 1 indicates that the candidate qualifies for the award of Uganda Certificate of Education in 1st class division.

We wish to state that the Board is not responsible for the identity of the candidate.


Dan N Odongo

For: EXECUTIVE SECRETARY

NAME: BARUNGI ALEX MWOREKO

SEX: FEMALE

NATIONALITY: UGANDAN

PROGRAM: BACHELOR OF MEDICINE AND BACHELOR OF SURGERY

REGISTRATION NO: BMS/2049/153/DU

ENTRY MODE: DIRECT

DATE OF ENTRY: 9/15/2015

DATE OF BIRTH:

2015/2016

FEBRUARY

YEAR 1 SEM 0

COURSE CODE	COURSE TITLE	CU	CW	EYE	TT	LG	TP
MPP 101	Basics Of Computer Science	2	27	46	73	B+	4.0
MPP 104	Behavioral Sciences	2	27	45	72	B+	4.0
MPP 110	Biology	2	19	37	56	C	2.0
MPP 102	Biostatistics	2	28	45	73	B+	4.0
MPP 113	Chemistry	2	31	34	65	B	3.0
MPP 100	Communication & Counseling Skills	2	20	38	58	C	2.0
MPP 114	Entrepreneurship	2	29	34	63	B	3.0
MPP 111	Mathematics	2	15	52	67	B	3.0
MPP 112	Physics	2	32	42	74	B+	4.0
MPP 106	Principles Of Community Health And Epidemiology	2	25	42	67	B	3.0
MPP 105	Principles Of Ethics And Integrity	2	26	35	61	B	3.0
MPP 103	Research Methodology	2	17	37	54	C	2.0

GPA: 3.08

Grading System

80 - 100	A
70 - 79.9	B+
60 - 69.9	B
50 - 59.9	C
Less than 50	D

CU = Credit Unit
LG = Letter Grade
GP = Grade Point
GPA = Grade Point Average
CGPA = Cumulative Grade Point Average
50* = Retake/Supplementary



PRINTED ON
4/6/2016

SIGNATURE: *[Signature]*

Director of Academic Affairs (DAA)

SIGNATURE: *[Signature]*

Dean/Director of Faculty/School

A 1797522



NOV/DEC 2014 U.A.C.E.

EXAMINATION FOR THE UGANDA ADVANCED CERTIFICATE OF EDUCATION

BARUNGI ALEX MWOREKO (AGE 17)
NAMIREMBE HILLSIDE HIGH SCHOOL

U0956/730
ENTRY CODE 5

Please see overleaf

Subject Grades	Paper Grades					
	1	2	3	4	5	6
A						
B	3	4				
C	6	4	2			
C	4	6	3			
Z						

GENERAL PAPER
MATHEMATICS
CHEMISTRY
BIOLOGY
SUBSIDIARY COMPUTER

FAIL
PRINCIPAL PASS
PRINCIPAL PASS
PRINCIPAL PASS
SUBSIDIARY PASS

*** U.A.C.E. RESULT 5 ***