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This box is for University use only

Undergraduate Application Form 2018/2019 Academic Year

admissions@kcu.ac.ug www.kcu.ac.ug	Please write clearly in capital letters with blue/black hall pen
PERSONAL INFORMATION	
Title(Dr/Mr/Ms/Mrs/Rev): Last Name(s):	9
First Name: Date of Birth (DD/mm/yyyy 27 - D = C - 19	196
Marital Status:	ers (Specify)
Passport/ID No Nationality Country of Birth	•
CM9701810A2KFLUGAMDAN UGAMD	A second
Permanent Home Address (Physical Address)	
Telephone No:	BUSANDA SVC KOORD BISTRIC
Mobile No: 07710 92941	Date of Application:
Email:	Date of Application: 2019
DETAILS OF PROGRAM(S) TO STUDY to select a program, refer to w	WW.Rcu.ac.ug/
1st Choice:	
2nd Choice:	
3rd Choice:	Newspaper Social Media Friend
Please indicate now your services and services are services and services are services are services and services are services are services and services are servic	Newspaper Social Media Friend Program duration
Mode of fees payment Per semester Per 163.	
Proposed start date Januay 2019 April 2019	August 2018
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, March 30 or July 30 respective of the intake of The year you are seeking admission.	FOR OFFICIAL USE ONLY School Decision
Undergraduate Applications Office of the Registrar King Ceasor University Bunga Hill Main Campus, P.O. Box 88, Kampala, Uganda Mobile: +256 444 540,+256 772 571 312	Application No. Course
Mobile: +256 444 540,+256 772 571 512 Email:admissions@kcu.ac.ug,info@kcu.ac.ug,contact@kcu.ac.ug	

PARENT/GUARDIAN INFORMATION	
Give details of Parents and Guardian where applicable)	
Father Is father living? Yes No(Date Deceased)	
Name: ASMSIMAMA STEVEN	
Nationality: Uarrena	
Occupation: PEASAN7	1
Telephone No: Include Area/Country code	
Mobile No: Include Area/Country code 0773914078	
Email:	
Mother Is Mother living? Yes No (Date Deceased	
Name: BEMYINTA STLIVIA	
Nationality: U GAMBAM	
Occupation: PETSART	
Telephone No: Include Area/Country code	
Mobile No: Include Area/Country code 0770867784	
Email:	
Guardian Is Guardian living? Yes No (Date Deceased	
Name:	
Nationality:	
Occupation:	
Telephone No: Include Area/Country code	
Mobile No: Include Area/Country code	
Email:	

PREVIOUS EDUCATION

Examining Authority:

SECONDARY SCHOOL LEAVING EXAMINATION

UGANDA ADVANCED CERTIFICATE OF EDUCATION (UACE) OR EQUIVALENT

Certi ed photocopies of results certi cates must be attached to this application form.

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Physical Address Address City/Town Kampan MobileNo: +256 77 250 76 06 Country Uanava DECLARATION a) I certify that the information provided, the stamy knowledge, true and accurate. b) I hereby agree, if admitted as a student at Stamp knowledge agree, if admitted as a student at Stamp knowledge.	Postcode Telephone No Fax Email atements made by myself and documents attached, are to the best of St Augustine International University to observe and comply with all the slines.
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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 2018, and qualified for the award of the



Hganda 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.

TUYISENGE CLAVER KISORO HIGH SCHOOL, P.O.BOX 198 KISORO DATE OF BIRTH: 27-DEC-1996 01937 568

	U.A.C.E	GRADE
	STANDARD	
GENERAL PAPER	SUBSIDIARY	2
HISTORY	PRINCIPAL	0
E CONOM I C S	PRINCIPAL	0
CHRISTIAN RELIGIOUS EDUCATION	PRINCIPAL	C
MATHEMATICS (SUBSIDIARY)	SUBSIDIARY	5
SUBJECTS RECORDED - Five		

Secretary

Uganda National Examinations Board

Mey

Chairperson - Uganda National Examinations Board



Uganda National Examinations Board



This is to certify that the candidate named below, and whose photograph appears, sat for the Uganda Certificate of Education Examination in the year 2016, and qualified for the award of the

Aganda Certificate of Education



DIVISION 2

THE CANDIDATE REACHED THE GRADES SHOWN IN THE SUBJECTS NAMED

TUYISENGE CLAVER

DATE OF BIRTH: 27-DEC-1996

BUSANZA SECONDARY SCHOOL P.O.BOX 97 KISORO

U0371/009 ENTRY CODE: 1

ENGLISH	4	(FOUR)
CHRISTIAN RELIGIOUS EDUCATION	4	(FOUR)
HISTORY	5	(FIVE)
GEOGRAPHY	4	(FOUR)
MATHEMATICS	4	(FOUR)
AGRICULTURE: PRINCIPLES & PRACTICES	3	(THREE)
PHYSICS	8	(EIGHT)
CHEMISTRY	8	(EIGHT)
BIOLOGY	5	(FIVE)
COMMERCE	5	(FIVE)

SUBJECTS NAMED: TEN

SUBJECTS PASSED: TEN

Secretary

Uganda National Examinations Board



Uganda National Examinations Board

Not valid without a hologram with the UNLB crest. Hold this document to the light to verify $\mathbf{S}_{\mathbf{D}}$ can be seen through the paper

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(See overleaf)

011424/034



RESULTS FOR THE PRIMARY LEAVING EXAMINATIONS

TUYIBENGE CLAVER KABURASAZI PRIMARY SCHOOL KISORO

ENGLISH

BASIC SCIENCE & HEALTH EDUC.

SOCIAL STUDIES MATHEMATICS

4 (FOUR)

6 (SIX)

3 (THREE)

4 (FOUR)

*** RESULT 2 ***

GRADE AGGREGATE 17



RESULTS FOR THE PRIMARY LEAVING EXAMINATIONS

TUYISENGE CLAVER KABURASAZI PRIMARY SCHOOL

KISORO

011424/034

ENGLISH
BASIC SCIENCE & HEALTH EDUC.
SOCIAL STUDIES

4 (FOUR) 6 (SIX) 3 (THREE)

MATHEMATICS

4 (FOUR)

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RESULT 2 ***

GRADE AGGREGATE 17