

PARENT/GUARDIAN INFORMATION

(Give details of Parents and Guardian where applicable)

Father

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

Name: BAHATI RWAMO

Nationality: CONGOLESE

Occupation: BUSINESS

Telephone No:
Include Area/Country code +243 998506355

Mobile No:
Include Area/Country code

Email: bahatirwamo@yahoo.fr

Mother

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

Name: ESPERANCE KAVIRA

Nationality: CONGOLESE

Occupation: BUSINESS

Telephone No:
Include Area/Country code +243 999819998

Mobile No:
Include Area/Country code

Email: rwamo66@gmail.com

Guardian

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

Name: DICKSON NGIRANI

Nationality: UGANDAN

Occupation: ACCOUNTANT

Telephone No:
Include Area/Country code +256 773214322

Mobile No:
Include Area/Country code

Email: ngirani@d@gmail.com

PREVIOUS EDUCATION**SECONDARY SCHOOL LEAVING EXAMINATION****UGANDA ADVANCED CERTIFICATE OF EDUCATION (UACE) OR EQUIVALENT**

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

Examining Authority: **MINISTRY OF PRIMARY, SECONDARY AND PROFESSIONAL EDUCATION DR CONGO**

Name and Address of School: **MWANGA INSTITUTE
GOMA / DR CONGO**

Year of Examination: **2015**

Index No. **61011103050222**

Subjects	Results/Grade						
	Papers						Overall Grade
	1	2	3	4	5	6	
BIOLOGY							
CHEMISTRY							
PHYSICS		✓					E
MATHEMATICS		✓					E
GEOGRAPHY			✓				M
COMPUTER		✓					E

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:

Name and Address of School:

Year of Examination:

Index No.

Subjects

Provide Grade/Marks(not)pass, credit, Distinction) If a subject is not listed, include it in the spaces provided

Subjects	Grade	Subject	Grade	Subject	
ACCOUNTING		ENGLISH LITERATURE		MUSIC	
AGRICULTURE		FINE ART		PHYSICS	
BIOLOGY		FRENCH		RELIGIOUS EDUCATION	
CHEMISTRY		GEOGRAPHY		TECHNICAL DRAWING	
COMMERCE		HISTORY			
ENGLISH LANGUAGE		MATHEMATICS			

ANY OTHER ACADEMIC QUALIFICATIONS

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

University/Institute / College	Qualifications Obtained (If any)		

PERSONAL STATEMENT

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

I want to undertake this program Bachelor of Medicine and Bachelor of Surgery because I want to be a helping hand for those in need, poor and suffering.

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	RACHEL NSIMIRE		
Physical Address	GOMA / DR CONGO		
Address	Postcode	—	
City/Town	GOMA	Telephone No	—
MobileNo:	+250766615640	Fax	—
Country	DR CONGO	Email	rachelnsimire04@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 King Ceasor 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

W. Nsimire

Date:

22/01/2018

**DEMOCRATIC REPUBLIC OF CONGO**

MWANGA INSTITUTE

GOMA DIOCESE

P.O. BOX 160 GOMA

REGISTRATION NUMBER 4/151'06A

SCHOOL REGISTRATION No. 6101662

CONFIRMATION OF RESULTS**NO.:067/IM/2014-2015**

I, Abbe MALEMO KIHUO Floribert, Head teacher of MWANGA Institute registration No.:4/15106 A and school registration number: 6101662

Certify that: **LINDA RWAMO LINDSEY**

Born at: GOMA, ON 07 January 1996

Nationality: CONGOLESE

Daughter of: BAHATI RWAMO

And : KAVIRA ESPERANCE

SAT the State Examination: 2015

Major in: **SCIENCES**

Option : **Chemistry-Biology**

Passed With: **Fifty one** percent (51 %) points.

From: The Official website of the Ministry of Primary, Secondary and Professional Education.

www.eduquepsp.cd. Registration no.: 61011103050222

This certificate is issued to her to serve To Whom it may Concern.

Done at Goma, on 12 January 2017

Abbe MALEMO KIHUO Floribert

DIRECTOR OF STUDIES

23 FEB 2023

UNIVERSITY

DEMOCRATIC REPUBLIC OF CONGO MINISTRY OF PRIMARY, SECONDARY AND PROFESSIONAL EDUCATION														
No. ID.														
61012-610039033106														
PROVINCE: NORTH - KIVU CITY: GOMA TERRITORY: KARISIMBI SCHOOL: MWANGA INSTITUTE CODE:										STUDENT: LINDA RWAMO SEX: FEMALE BORN AT: GOMA ON: 7/1/1996 CLASSE: S .6 Sciences NO CODE:				
2-610039										2-61003903310				
SENIOR SIX REPORT CARD,														
CHEMISTRY – BIOLOGY														
ACADEMIC YEAR 2014-2015														
SUBJECTS		FIRST SEMESTER				SECOND SEMESTER				BOARD EXAMINATION				
		Course Work		EXAM	TOT	Course work		EXAM	TOT	O.T				
		1 ST P	2 ND P			1 st P	2 nd P							
MAXIMUM		10	10	20	40	10	10	20	40	80				
Political Education & Ethics		7	8	11	26	6	8	10	24	50				
Computer Studies		2	6	13	21	8	7	16	31	52				
MAXIMUM		20	20	40	80	20	20	40	80	160				
Religion		08	16	32	56	11	14	23	48	104				
Geography		13	10	19	42	10	14	6	40	82				
History		14	12	15	41	12	14	24	50	91				
Philosophy		10	14	09	33	17	14	28	59	92				
MAXIMUM		40	40	80	160	40	40	80	160	320				
English		21	30	55	106	23	24	48	95	201				
Biology		18	20	28	66	15	36	44	95	161				
Chemistry		25	27	30	82	30	28	56	114	196				
Physics		30	20	16	66	27	21	40	88	154				
MAXIMUM		50	50	100	200	50	50	100	200	400				
French		36	25	60	121	37	35	80	152	273				
Mathematics		24	23	20	67	31	25	60	116	183				
GENERAL MAXIMUM		360	360	720	1440	360	360	720	1440	2880				
Total		208	211	308	727	227	240	445	912	1639				
Percentage		57.7	58.6	42.7	50.4	63	66.6	61.8	63.3	56.9				
Position & No. of Students		16/25	15/25	22/25	21/25	14/25	8/24	13/24	13/24	14/24				
Remarks		B	B			B	B							
Conduct/Behavior		B	B			B	B							
Signature														
For verification On 21/06/2015 Centre Director MVUYE KURE Centre Code 61011 OFINAL RESULTS PASSED WITH 51 % On 29 / 7 / 2015 Head Teacher School Stamp														
Done at GOMA On 19 / 06 /2015 Head Teacher Name & Signature MALEMO KIHUO FLORIBERT														
Student Signature 23 FEB 2023 Remove unimportant information IMPORTANT NOTICE: The transcript is of no value if the original grades have been altered														
TRANSLATED BY BUGEMA UNIVERSITY SCHOOL OF EDUCATION, LANGUAGE DEPARTMENT														
IGE/P.S/015@NKI														



DEMOCRATIC REPUBLIC OF CONGO MINISTRY OF PRIMARY, SECONDARY AND PROFESSIONAL EDUCATION		PHOTO									
No. ID. 6 1 0 1 2 - 6 1 0 0 3 9 0 3 3 1 0 5											
PROVINCE: NORTH KIVU CITY: GOMA TERRITORY: KARISIMBI SCHOOL: MWANGA INSTITUTE CODE: 2 - 6 1 0 0 3 9		STUDENT: LINDA RWAMO SEX: FEMALE BORN AT: GOMA ON: 07 / 01 / 1996 CLASSE: S. 5 Secondary A No CODE: 2 - 6 1 0 0 3 9 0 3 3 1 0									
SENIOR 5 REPORT FORM SCIENCES ACADEMIC YEAR 2013 - 2014											
SUBJECTS	FIRST SEMESTER				SECOND SEMESTER				RETAKE EXAMINATIONS		
	COURSE WORK 1 ST P 2 ND P		EXAM	TOT	COURSE WORK 3 rd 4 th		EXAM	TOT	T.G	%	SIGN. OF TEACHERS
MAXIMUM	10	10	20	40	10	10	20	40	80		
Religion	5	4	9	18	7	4	11	22	40		
Political Education & Ethics	5	7	12	24	6	6	15	27	51		
Computer Studies (1)	6	5	11	22	8	7	14	29	51		
MAXIMUM	20	20	40	80	20	20	40	80	160		
Biology (1)	-	-	-	-	-	-	-	-	-		
Chemistry (1)	-	-	-	-	-	-	-	-	-		
Fine Art	10	15	17	42	13	11	21	45	87		
Geography	17	16	30	63	18	18	30	66	129		
History	10	10	20	40	11	14	15	40	80		
Sociology /Economics/Esthetic (1)	14	3	30	47	12	16	22	50	97		
MAXIMUM	40	40	80	160	40	40	80	160	320		
English	30	24	43	97	34	30	40	104	201		
Biology (2)	26	15	36	77	22	33	40	95	172		
Chemistry (2)	29	22	40	91	27	24	44	95	186		
Physics	22	32	36	90	30	29	35	94	184		
MAXIMUM	50	50	100	200	50	50	100	200	400		
French	24	30	65	119	32	27	45	104	223		
Mathematics	19	29	40	88	34	32	33	99	187	65	
GENERAL MAXIMUM	370	370	740	1480	370	370	740	1480	2960		
Total	217	212	389	818	254	251	365	870	1688		
Percentage	58.65	57.30	52.57	55.27	68.65	67.84	49.32	58.78	57.03		
Position No. of Students	26/40	15/40	33/40	28/40	6/40	3/40	27/40	14/40	21/40		
Remarks	Good	Good			Good	Good					
Conduct/Behavior	Good	Good			Good	Good					
Signature											

1. The student will not pass to the next class if he has not success fully passed the retake in: Mathematics

2. The Student passes in the superior class (I)

3. The student repeats the class(1)

4. The student failed and is to be reoriented

• Remove unimportant information

IMPORTANT NOTICE: The transcript is of no value if the original grades have been altered

School Stamp

Done at: **GOMA** on **02 / JULY / 2014**
 The Head Teacher

Name & Signature
ABBE MALEMO KIHUO FLORIBERT

IGE/P.S/027/NKI

COD REP DEM CONGO

ETUDIANTE

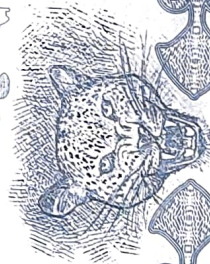
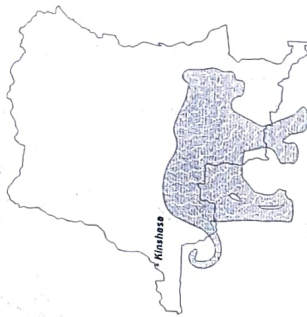
Hindson
Hindson

MINAFFET

P<CODLINDA<<LINDSEY<RWANO<<<<<<<<<<<<<<<<<<<
0P05082170C0D9601075F2401209P05500000386<<66

32 * VISAS * 32

DRC • RDC • DRC



Ce passeport contient 32 pages / This passport contains 32 pages



 www.kcu.ac.ug

[illegible]

This box is for University use only

Undergraduate Application Form 2018/2019 Academic Year

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

PERSONAL INFORMATION

Title (Dr/Mr/Ms/Mrs/Rev):		Last Name(s):	
First Name:		Date of Birth (DD/mm/yyyy)	
Gender:		Marital Status:	
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>		Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Others (Specify) <input type="checkbox"/>	
Passport/ID No.:		Nationality	
Country of Ordinary Residence:		Occupation:	
Religion:			



Permanent Home Address
(Physical Address)

KISASI

Telephone No: +256 787881312

Mobile No:

Email: Mucamizi@outlook 10@gmail.com

Date of Application: 22/10/2018

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

1st Choice: Bachelor of Medicine and Bachelor of Surgery

2nd Choice: _____

3rd Choice: _____

Please indicate how you heard about KCU Program

Website ☐ Newspaper ☐ Social Media ☐ Friend ☒

Mode of fees payment

Per semester ☒ Per Year ☐ Entire Program duration ☐

Proposed start date

January 2023 ☐ April 2023 ☐ August 2022 ☐

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.

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
Email:admissions@kcu.ac.ug,info@kcu.ac.ug,contact@kcu.ac.ug

FOR OFFICIAL USE ONLY

School Decision
Application No.
Course

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