KING CEASOR UNIVERSITY

Main Campus Plot 30/33, Bunga Hill,
P.O. Box 88, Kampala - Uganda
+256 705 444540 | +256 704350007
admissions@kcu.ac.ug
www.kcu.ac.ug

This box is for University use only

Undergraduate Application Form 2021/2022 Academic Year

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

PERSONAL INFORMATION

Title(Dr/Mr/Ms/Mrs/Rev):	Last Name(s): ACIATHA
First Name: TUMUHEBWE	Date of Birth (DD/mm/yyyy) 03/01/2000
Gender: Male ☐ Female ☑	Marital Status: Single ☑ Married ☐ Others (Specify) ☐
Passport/ID No..	Nationality UGANDAN / Country of Birth: UGANDA
Country of Ordinary Residence: UGANDA	Occupation: Religion: CHRISTIAN

Permanent Home Address
(Physical Address)
KYAKABINDI - NGARAMA. BUKANGA. ISINGIRO DISTRICT

Telephone No: 0781674637
Mobile No:
Email: qtumushabe@ac.ug
Date of Application:

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

1st Choice: BUSINESS ADMINISTRATION
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

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

PARENT/GUARDIAN INFORMATION

(Give details of Parents and Guardian where applicable)

Father

Is father living? ☑ Yes ☐ No(Date Deceased_____)

Name: TUMWIHABE JOSEPH

Nationality: UGANDAN

Occupation: FARMER

Telephone No: Include Area/Country code 0756835970

Mobile No: Include Area/Country code +256756835970

Email:

Mother

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

Name: KANOILI FRORENCE

Nationality: UGANDAN

Occupation: FARMER

Telephone No: Include Area/Country code 0755539276

Mobile No: Include Area/Country code +256755539276

Email:

Guardian

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

Name: ABINAIKE GERADINE

Nationality: UGANDAN

Occupation: FARMER

Telephone No: Include Area/Country code 0703322242

Mobile No: Include Area/Country code +256703322242

Email:

PREVIOUS EDUCATION

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.

Examining Authority: UNEB

Name and Address of School: BONI CONSILII GIRL VOC S.S KYABIRUKWA ISINGIRO DISTRICT

Year of Examination: 2019 Index No. U1682/521

Subjects	Results/Grade Papers 1	2	3	4	5	6	Overall Grade
G.P							S
ECONOMICS		✓		✓			C
GEOGRAPHY			✓				D
MATHEMATICS							E
ICT							F

ORDINARY LEVEL EXAMINATION
UGANDA CERTIFICATE OF EDUCATION (UCE) OR EQUIVALENT
Certi ed photocopies of results and certi cates must be attached to this application form

Examining Authority: UNEB

Name and Address of School: NGARAMA SEC SCHOOL ISINGIRO DISTRICT

Year of Examination: 2017 Index No. U0547/053

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	C4	FINE ART		PHYSICS	P8
BIOLOGY	C5	FRENCH		RELIGIOUS EDUCATION	C4
CHEMISTRY	P7	GEOGRAPHY	C5	TECHNICAL DRAWING	
COMMERCE		HISTORY	C6		
ENGLISH LANGUAGE	C6	MATHEMATICS	C8		

ANY OTHER ACADEMIC QUALIFICATIONS
Certi ed photocopies of results and certi cates must be attached to this application-form.

University/Institute / College	Quali cations 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 because it has been the my course of my dream love it and hope I can do better in it.
Thank you.

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	BIRUNGI DOREKA	
Physical Address	Ngarama - Wing	
Address	KYAKABINDI	Postcode
City/Town	KABINGO	Telephone No 0788121455
MobileNo:	0788121455	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 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

Date: 26/05/2023

A 02474406

2019 U.A.C.E.

EXAMINATION FOR THE UGANDA ADVANCED CERTIFICATE OF EDUCATION

Please see overleaf

TUMUHEBWE AGATHA
DATE OF BIRTH: 03-JAN-2000
BONI CONSILII GIRLS VOCATIONAL SS
P.O.BOX 8 MBARARA

U1682/521
ENTRY CODE:5

Subject		Grade	Paper Grades								
			1	2	3	4	5	6	7	8	9
GENERAL PAPER	SUBSIDIARY PASS	5									
ECONOMICS	PRINCIPAL PASS	C	3	4							
GEOGRAPHY	PRINCIPAL PASS	D	5	6	4						
MATHEMATICS	PRINCIPAL PASS	E	3	7							
SUBSIDIARY COMPUTER	FAIL	7									

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

1.

O 4886397

2017 U.C.E.

EXAMINATION FOR THE UGANDA CERTIFICATE OF EDUCATION

TUMUHEBWE AGATHA — U0547/053
NGARAMA SECONDARY SCHOOL — P.O.BOX 53 MBARARA
ENTRY CODE:1 DATE OF BIRTH: 03/01/2000

1	ENGLISH	6 (SIX)
2	CHRISTIAN RELIG ED	4 (FOUR)
2	HISTORY	6 (SIX)
2	GEOGRAPHY	5 (FIVE)
3	RUNYANKORE-RUKIGA	4 (FOUR)
4	MATHEMATICS	3 (THREE)
5	AGRICULT PRINC & PRAC	4 (FOUR)
5	PHYSICS	8 (EIGHT)
5	CHEMISTRY	7 (SEVEN)
5	BIOLOGY	5 (FIVE)

GRADE AGGREGATE 37 *** RESULT 2 ***

1.

Please see overleaf

Adare 40401710

P.L.E. 2013

P 7989788

RESULTS FOR THE PRIMARY LEAVING EXAMINATIONS

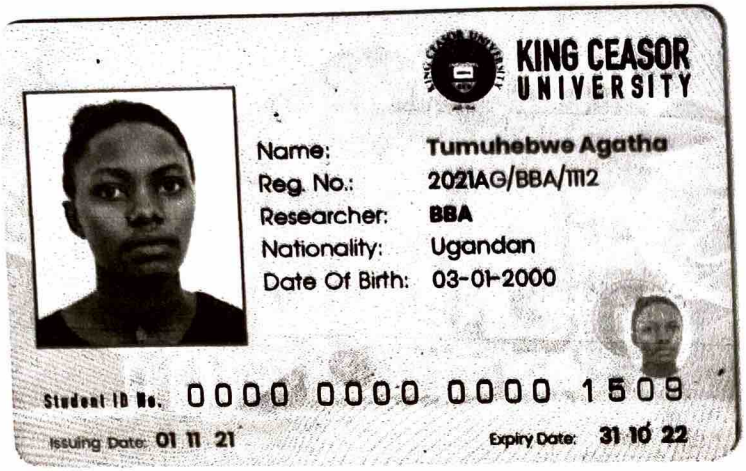
TUMUHEBWE AGATHA 006642/031
KYAKABINDI PRIMARY SCHOOL ISINGIRO

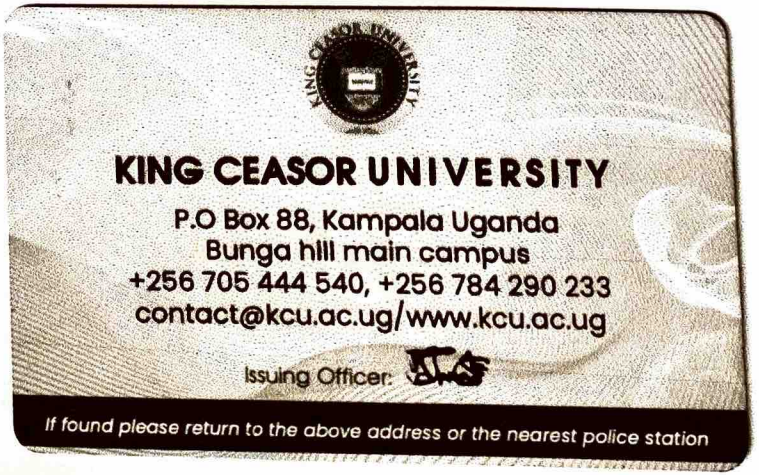
ENGLISH	5	(FIVE)
BASIC SCIENCE & HEALTH EDUC.	3	(THREE)
SOCIAL STUDIES	2	(TWO)
MATHEMATICS	4	(FOUR)

*** RESULT 2 *** GRADE AGGREGATE 14

Kalamazoo 40282300

This result slip is not a certificate. The Uganda National Examinations Board reserves the right to correct the information given on results slips


KING CEASOR UNIVERSITY
Name: Tumuhebwe Agatha
Reg. No.: 2021AG/BBA/1112
Researcher: BBA
Nationality: Ugandan
Date Of Birth: 03-01-2000
Student ID No. 0000 0000 0000 1509
Issuing Date: 01 11 21
Expiry Date: 31 10 22


KING CEASOR UNIVERSITY
P.O Box 88, Kampala Uganda
Bunga hill main campus
+256 705 444 540, +256 784 290 233
contact@kcu.ac.ug/www.kcu.ac.ug
Issuing Officer:
If found please return to the above address or the nearest police station

REPUBLIC OF UGANDA

NATIONAL ID CARD

SURNAME
TUMUHEBWE

GIVEN NAME
AGATHA

NATIONALITY
UGA

SEX
F

DATE OF BIRTH
03.01.2000

NIN
CF0006210CNFVJ

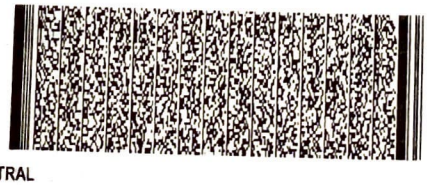
CARD NO.
019101044

DATE OF EXPIRY
29.06.2028

HOLDERS SIGNATURE

Tumuhebwe

LEFT THUMB



VILLAGE: KYAKABINDI CENTRAL
PARISH: BURUNGAMO
S.COUNTY: NGARAMA
COUNTY: BUKANGA
DISTRICT: ISINGIRO

IDUGA0191010446CF0006210CNFVJ<
0001030F2806295UGA180629<<<<<6
TUMUHEBWE<<AGATHA<<<<<<<<<<<<<

This is to certify that

TUMUHEBWE BWIE

AGATHA

is a registered candidate

for NON U.P.E, P.L.E 2013

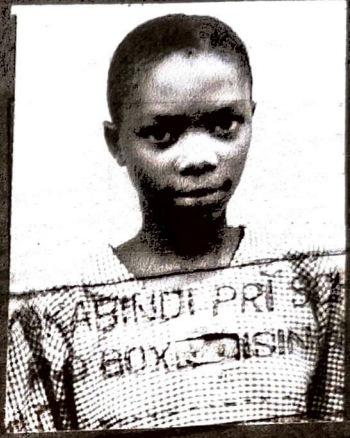
INDEX NO. [illegible]

SCHOOL [illegible]

EXAM CENTRE [illegible]

No.

Tumuhebwe Bwie Agatha's Signature



The above photograph is of

Mr./s. TUMUHEBWE BWIE

AGATHA

Head Teacher's Signature

D.I.S Signature

Valid with distn .' stamp

No. 1642

Holder's Signature .....

This is to certify that

UMUHIRE BOSE AGATHA

is a Student in S. ONE B at

NGARAMA SEC. SCHOOL
P.O. Box 53, MBARARA.

Sex FEMALE Age 14-15

Date of Issue 4th 2016

HEADMASTER

RENEWED ANNUALLY

HEADMASTER
NGARAMA SECONDARY SCHOOL

Senior ..... Date 23/10/2015
Headmaster

Senior 2 Date 14/3/2016
Headmaster

Senior ..... Date .....
Headmaster

Date .....

BONI CONSILII GIRLS' VOC.SEC. SCHOOL

Student Identity Card

Name:

Class:

ID Number:

Date of Entry: Feb.2018 **Expiry Date: Feb.2020**

Holder's Sign

Head Teacher's Sign

This card is the property of

BONI CONSILII GIRLS' VOC.SEC. SCHOOL

P.O BOX 08, KYABIRUKWA - MBARARA

TEL: +256 777 724 167 / +256 776 573 244

Email: boniconsilii256@gmail.com

If found,please return to the above address.