



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

Tuesday 20<sup>th</sup> December, 2016

Dear: SSekitoleko Edward

Admission No. 2017J/MBChB/147

Admission for Academic Year 2016/2017 Year I Semester II

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 **2<sup>nd</sup> January 2017** 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:** 13<sup>th</sup> January 2017

**Program Duration:** FOUR YEARS AND ONE SEMESTER (4.5) 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 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 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

*Annabella Habinka*

Dr. Annabella 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.



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

## PERSONAL INFORMATION

Title (Dr/Mr/Ms/Mrs/Rev):		Last Name(s): <b>EDWARD</b>	
First Name: <b>SSEKITONEKO</b>		Date of Birth: (dd/mm/yyyy) <b>02/03/1992</b>	
Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Marital Status: Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Others (Specify below) <input type="checkbox"/>		
RELIGION <b>RELIGION</b>			
Passport / ID No. <b>B1235140</b>		Nationality: <b>UGANDAN</b>	
Country of Ordinary Residence: <b>UGANDA</b>		Occupation: <b>STUDENT</b>	

Permanent Home Address  
(Physical Address)

KIMAANYA- ZONE B - MASAKA MUNICIPALITY

Telephone No: 0751837150; 0702573288

Mobile No: 0751837150

Email: sedrak210@gmail.com.

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

1st Choice: Bachelors of MEDICINE AND 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 ☒

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](mailto:admission@saiu.ac.ug)**

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

**FOR OFFICIAL USE ONLY**

School Decision
Application No.
Course

## PARENT/GUARDIAN INFORMATION

(Give details of Parents and Guardian where applicable)

Father	
Is father living?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Date Deceased _____ )
Name:	MR. MBALIRE TADEO
Nationality:	UGANDAN
Occupation:	BOSSINESS MAN
Telephone No:	
Include Area/Country code	+256702573288
Mobile No:	
Include Area/Country code	+256751573288
Email:	mbalinejude@yahoo.com

Mother	
Is Mother living?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Date Deceased _____ )
Name:	MARGARET MBALIRE
Nationality:	UGANDAN
Occupation:	TEACHER
Telephone No:	
Include Area/Country code	+256759274481
Mobile No:	
Include Area/Country code	+256776573288
Email:	judemargaret71@gmail.com

Guardian	
Is Guardian living?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Date Deceased _____ )
Name:	FR. AUGUSTINE KIMBOWA
Nationality:	UGANDAN
Occupation:	PRIEST
Telephone No:	
Include Area/Country code	+256702648538
Mobile No:	
Include Area/Country code	+256702648538
Email:	kingustek10@gmail.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:

UNEB

Name and Address of School:

CENTENARY HIGH SCHOOL- NYENDO MASAKA

P.O. BOX 1919; MASAKA

Year of Examination:

2013

Index No.

U1328/598

#### Subjects

Include whether Principal (P) or Subsidiary (S)

#### Results/Grade

#### Papers

#### Overall Grade

	1	2	3	4	5	6	
GENERAL PAPER							C4
COMPUTER STUDIES							C4
PHYSICS MATHEMATICS	9	4					D
CHEMISTRY	3	5	5				C
BIOLOGY	6	4	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:

UNEB

Name and Address of School:

ST. HENRY'S COLLEGE KITOVU; P.O. BOX 64 MASAKA

Year of Examination:

2009

Index No.

U0034/130

#### 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	4	FINE ART		PHYSICS	5
BIOLOGY	3	FRENCH		RELIGIOUS EDUCATION	
CHEMISTRY	5	GEOGRAPHY	3	TECHNICAL DRAWING	
COMMERCE	5	HISTORY	4		
ENGLISH LANGUAGE	4	MATHEMATICS	5		

### 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
KAMPALA INTERNATIONAL UNIVERSITY	—		Full time

## PERSONAL STATEMENT

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

I have a desire to participate in the healing and reducing the death rate as a doctor in future by taking care and working on the sick.

## REFERENCES

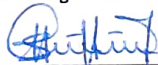
Please provide the name of a person who is aware of your academic or professional ability and can support your application by providing a reference. (N.B: Referee should not be related to you in anyway).

Name of Referee	
DR. DEO KIZITO LUKYAMUZI	
Physical Address	
NSAMBYA HOSPITAL	
Address	Postcode
NSAMBYA HOSPITAL	
City / Town	Telephone No
KAMPALA	0772 628786
Mobile No:	Fax
0702283353	
Country	Email
UGANDA	deo.kizito@yahoo.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:

20/12/2016

NAME: SSEKITOLEKO EDWARD

SEX: MALE

NATIONALITY: UGANDAN

PROGRAM: BACHELOR OF MEDICINE AND BACHELOR OF SURGERY

REGISTRATION NO: BMS/0098/143/DU

ENTRY MODE: DIRECT

DATE OF ENTRY: 27/9/2014

DATE OF BIRTH:

YEAR 1 SEM 0

2014/2015		FEBRUARY		CU		CW		EYE		WV		TT		LG		TP	
COURSE CODE	COURSE TITLE																
NPP 101	Basics Of Computer Science	2		27		48				75		B		4.5			
NPP 104	Behavioral Sciences	2		30		37				67		C+		3.5			
NPP 110	Biology	2		21		32				53		D		2.0			
NPP 102	Biostatistics	2		28		36				64		C		3.0			
NPP 11A	Chemistry	2		0		50				50*		D		2.0			
NPP 100	Communication & Counseling Skills	2		30		41				71		B		4.0			
NPP 114	Entrepreneurship	2		29		32				61		C		3.0			
NPP 111	Mathematics	2		29		50				79		B+		4.5			
NPP 113	Physics	2		17		33				50		D		2.0			
NPP 106	Principles Of Community Health And Epidemiology	2		28		33				61		C		3.0			
NPP 104	Principles Of Ethics And Integrity	2		21		32				53		D		2.0			
NPP 103	Research Methodology	2		26		35				61		C		3.0			

GPA: 3.04

2015/2016		JULY		CU		CW		EYE		WV		TT		LG		TP	
COURSE CODE	COURSE TITLE																
AMIA 110	Human Anatomy 1 (Histology/Upper And Lower Limbs/Embryology)	4		0		50				50*		D		2.0			
AMIC 110	Introduction To Community & Community Diagnosis (Coberms) 1	6		20		48				68		C+		3.5			
AMIC 110	Medical Biochemistry 1 (Fundamental Of Biochemistry)	2		0		50				50*		D		2.0			
AMPI 110	Medical Physiology 1 (Cell Biology/Excitable Tissues/Blood And Body Fluids/C'vo)	5		22		30				52		D		2.0			
AMIN 110	Nursing Skills/Process	2		27		24				51		D		2.0			

GPA: 2.47

2016/2016		FEBRUARY		CU		CW		EYE		WV		TT		LG		TP	
COURSE CODE	COURSE TITLE																
MBMI 120	Basic Microbiology (Virology/Mycology/Bacteriology)	3		0		50				50*		D		2.0			
MBPI 120	Basic Pharmacology 1 (Introductory And General Pharmacology/Ans/Autacoids)	3		24		30				54		D		2.0			
MBIA 120	Human Anatomy 2 (Thorax / Abdomen / Pelvis / Perineum)	4		0		50				50*		D		2.0			
MBMI 120	Immunology 1	2		0		50				50*		D		2.0			
MBIC 120	Medical Biochemistry 2 (Metabolism)	3		0		39				39*		F		0.0			
MBPI 120	Medical Physiology 2 (Respiratory /Renal/Endocrine/Reproduction)	4		0		36				36*		F		0.0			





2016

JULY

YEAR 1 SEM 2

COURSE CODE	COURSE TITLE	CU	CW	EYE	WV	FT	LG	TP
BM 120	Basic Microbiology (Virology/Mycology/Bacteriology)	3	21	19		40	F	0.0
MBP 120	Basic Pharmacology 1 (Introductory And General Pharmacology/Ans/Autacoids)	3	25	25		50	D	2.0
MHA 120	Human Anatomy 2 (Thorax / Abdomen / Pelvis / Perineum)	4	23	22		45	F	0.0
MIM 120	Immunology 1	2	12	31		43	F	0.0
MBC 120	Medical Biochemistry 2 (Metabolism)	3	17	22		39	F	0.0
MPH 120	Medical Physiology 2 (Respiratory /Renal/Endocrine/Reproduction)	4	25	28		53	D	2.0

GPA: 1.00

GPA: 1.00

2015/2016

CGPA: 1.95

**Grading System**

80 - 100	A	80 - 84.9	C
75 - 79.9	B+	65 - 69.9	D+
70 - 74.9	B	60 - 64.9	D
65 - 69.9	C+	Less than 50	F

CU = Credit Unit  
 LG = Letter Grade  
 GP = Grade Point  
 GPA = Grade Point Average  
 CGPA = Cumulative Grade Point Average  
 R0\* = Retake/Supplementary

PRINTED ON  
10/7/2016

SIGNATURE: 8 NOV 2016  
 Director of Academic Affairs (DAA)

SIGNATURE: 8 NOV 2016  
 Dean/Director of Faculty/School

# CENTENARY HIGH SCHOOL MYENDO

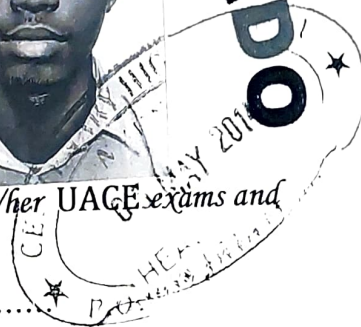
P.O.BOX 1919

MASAKA

## UACE RESULTS 2013



This is to certify that  
SSEKITOLEKO EDWARD  
Index no. U1328/598 sat his/her UACE exams and  
obtained the following results;



GENERAL PAPER	C4
SUBMATH	.....
COMPUTER STUDIES	C4
HISTORY	.....
ECONOMICS	.....
GEOGRAPHY	.....
DIVINITY	.....
ISLAMIC EDUCATION	.....
LUGANDA	.....
FINE ART	.....
KISWAHILI	.....
PHYSICS	.....
MATH	D(9,4)
CHEMISTRY	C(3,5,5)
AGRICULTURE	.....
BIOLOGY	D(6,4,5)
TOTAL POINTS	10 PTS

Any assistance rendered to him/her shall be highly appreciated.

Yours in service

HEADMASTER



# 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.

SSEKITOLEKO EDWARD

(AGE 16)

U0034/130

ST. HENRY'S COLLEGE, KITOVU

P.O. BOX 64 MASAKA

	GRADE
ENGLISH	4 (FOUR)
HISTORY	4 (FOUR)
GEOGRAPHY	3 (THREE)
MATHEMATICS	5 (FIVE)
AGRICULT PRINC & PRAC	4 (FOUR)
PHYSICS	5 (FIVE)
CHEMISTRY	5 (FIVE)
BIOLOGY	3 (THREE)
COMMERCE	5 (FIVE)
COMPUTER STUDIES	5 (FIVE)
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.

# UCE

## AWARD OF CERTIFICATE

Certificates awarded to successful candidates for the examination show:

- (a) the name of the school,
- (b) all subjects in which the candidate has completed the course and taken the examination,
- (c) attainment in all subjects taken (Grades 1–9, see below).

Attainment in a subject is indicated by a grade, of which Grade 1 is the highest and Grade 9 the lowest.

Very Good	—	Grades 1 and 2
Pass-with-Credit	—	Grades 3, 4, 5 and 6
Subject Pass	—	Grades 7 and 8
Fail	—	Grade 9

## CLASSIFICATION OF SUCCESSFUL CANDIDATES

Successful candidates for the Uganda Certificate of Education are classified as follows:

**Division One:** (i) Eight passes which must include a subject from group I, II, IV and except for visually challenged candidates, V. (ii) Seven passes with credits including English Language. (iii) A grade aggregate for the best eight subjects not exceeding 32.

**Division Two:** (i) Six passes with credit and two subject passes including English Language. (ii) A grade aggregate for the best eight subjects not exceeding 45.

**Division Three:** Either (i) Three passes with credit and five subject passes or (ii) Four passes with credit and three subject passes or (iii) Pass five subjects with credits and (iv) a grade aggregate for the best eight subjects not exceeding 58.

**Division Four:** Either (i) one pass with Credit (Grade 6 or higher), or (ii) at least two passes at Grade 7 or (iii) three passes at Grade 8.

The word **SUPPLEMENTARY** on the front of the certificate indicates that the candidate sat for the examination on a second or subsequent occasion.

## SUBJECT NAMES

Any of the following subject names which may appear overleaf are in the form indicated on the right:

<i>Name of subject as it appears in the Regulations</i>	<i>Abbreviation used on the Certificate</i>
Islamic Religious Education	ISLAMIC REL ED
Additional Mathematics	ADDITIONAL MATHS
Principles and Practices of Agriculture	AGRICULT PRINC & PRAC
Metalwork (Engineering)	METALWORK ENGINEERING
Geometrical and Mechanical Drawing	GEOM & MECH DRAWING
Geometrical and Building Drawing	GEOM & BUILD DRAWING
Engineering Workshop Practice	ENGINEERING WRK PRACT
Principles of Accounts	PRINC OF ACCOUNTS
Christian Religious Education	CHRISTIAN RELIG ED
Electricity and Electronics	ELECTRONICS

# ST. HENRY'S COLLEGE KITOVU



P.O. Box 64  
Masaka - Uganda  
Tel: 03822 -75669  
East Africa  
Email: kitovu@lycos.com.

Our Ref..... PFS/2010 .....

Your Ref..... .....

9<sup>th</sup> February 2010  
Date .....

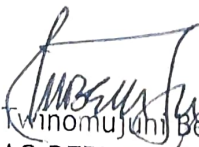
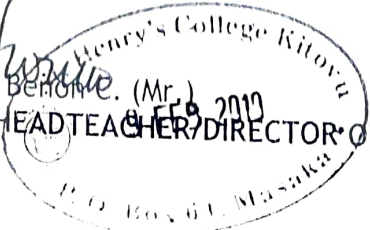
## TO WHOM IT MAY CONCERN:

This is to certify that **SSEKITOLEKO EDWARD U0034/130** was a student at this school for his Ordinary Level Studies. He sat for the Uganda Certificate of Education Examinations in 2009 and obtained the following results:

English Language	..	..	..	..	4 (Four)
History	..	..	..	..	4 (Four)
Geography	..	..	..	..	3 (Three)
Mathematics	..	..	..	..	5 (Five)
Agriculture	..	..	..	..	4 (Four)
Physics	..	..	..	..	5 (Five)
Chemistry	..	..	..	..	5 (Five)
Biology	..	..	..	..	3 (Three)
Commerce	..	..	..	..	5 (Five)
Computer Studies	..	..	..	..	5 (Five)
Aggregate in best Eight	..	..	..	..	33 (Thirty-three)
Grade ..	..	..	..	..	2 (Two)

Please render him possible assistance.

Yours faithfully,

  
Twinomujuni Benson E. (Mr.)  
AG. DEPUTY HEADTEACHER/DIRECTOR OF STUDIES  




**Directorate of Admissions**

Full Name: **SSEKITOLEKO Edward**

Date: **07-Aug-14**

Designation: **BMS /143/DU**

Nationality: **Ugandan**

**Admission No: 101516**

Dear **SSEKITOLEKO,**

**RE: ADMISSION**

I write to offer you admission at this university for the academic year 2014/2015 for a 5 1/2 years course of study leading to the award of **Bachelor of Medicine and Bachelor of Surgery** as a private / sponsored student.

The Semester/Session/Term starts on 24/08/2014. You should ensure that you register with the University Admissions office within three weeks from the beginning of the semester, unless prior arrangements have been made.

This is a provisional offer made on the basis of the documents of your qualifications as presented in your application form. These qualifications are subject to verification by this office at the time of registration. You must therefore present at the time of registration, original satisfactory documentary evidence of these qualifications. For the purpose of registration, you must bring with you the following:

- (a) Original Ordinary Level Certificate of Education or its equivalent plus two photocopies of it
- (b) Original Advanced Level Certificate of Education or its equivalent plus two photocopies of it
- (c) Where applicable, the relevant Original Degree/Diploma Certificates and transcripts plus two photocopies of each of them.

Case of impersonation, falsification of documents or giving false/incomplete information anywhere associated with registration or afterwards will lead to a formal disciplinary action against you and you will be expelled.

### 1. PAYMENT

(I) After receiving this admission letter, obtain Bank slips from the Bank.

All payments ( i.e Tuition and Consolidated) MUST be made through:

Any Barclays Bank Branch in Kenya on KIU A/c No 030227009942

In Uganda, Payment should be made in Orient Bank Kampala Road Main Branch A/c No 10149502020501, for Dollar Account, 10149502010101 for Uganda Shillings Swift Code-ORinugka.

For Inservice Uganda, Payment should be made in Centenary Bank A/c No 6510600122 and 1032200345597 for Dollar A/c 1032200317737 for Uganda Shillings in Equity Bank both in Uganda and Kenya.

Return the slips to the university Accounts Office after banking.

Here below, find the fees break down for Bachelor of Medicine and Bachelor of Surgery. Academic Year 2014/2015 - Western Campus - Session: Day

Item	UGX		Grand Total
Tuition Fee	4,450,000	Per Semester	
Other Fees	550,000	Per Semester	

The University Administration reserves the right to revise the above fees at any time during the course of your study.

(II) You will not be issued with fees clearance card at the beginning of the semester/session/Term/Trimester unless you have paid all fees. Pick your fees clearance card from the office of the Director of Finance on reporting.

(III) Money for Meals and Hostels Should Not be deposited on the University Account.

Access to examinations at the end of each semester/session/Term/Trimester will only be permitted to students who have paid fees in full.

### 2. WITHDRAWING FROM THE UNIVERSITY

If a student declines the offer to join the university, penalties will be in place by withholding fees paid as hereunder:-

- (a) Withdrawing 15 days before commencement 20%
- (b) Withdrawing 7-14 days before commencement 50%
- (c) Withdrawing 1-7 days before commencement 80%
- (d) Withdrawing on 24/08/2014 and thereafter 100%

### 3. RESIDENTIAL ACCOMMODATION

There is limited space for accommodation on campus. However, for various social and sports activities, students shall be attached to different halls. As part of your registration at the university, you are required to report to the University Dean of Students or warden to be allocated a hall of residence.

#### 4. UNIVERSITY REGULATIONS

Obtain the information booklet which includes University Rules and Regulations from the Dean of Students Affairs.

Please read the regulations carefully and comply with whatever you are asked to do.

I congratulate you upon your admission to Kampala International University - Western Campus and on behalf the University, I extend to you a warm welcome and wish you success in your studies here.

Yours faithfully,



Sekitooleko Abdul Aziizi  
DIRECTOR OF ADMISSIONS