



Undergraduate

Application Form 2018/2019, 2019 and 2019/2020 Academic Year

On Scholarship: Yes ☒ No ☐ If Yes, Scholarship Name: BURSARY

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

PERSONAL INFORMATION			
Title (Dr/Mr/Ms/Mrs/Rev):		Last Name(s): <u>YUSSUF</u>	
First Name: <u>LEILA</u>		Date of Birth: (dd/mm/yyyy) <u>8th Aug 2018</u>	
Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Others (Specify below) <input type="checkbox"/>		
Passport / ID No. <u>AA535130832</u>	Nationality: <u>KENYAN</u>	Country of Birth: <u>KENYA</u>	
Country of Ordinary Residence:		Occupation:	Religion: <u>ISLAM</u>

Please attach a recent
Passport photograph

Permanent Home Address (Local Address)	
Telephone No: <u>+254 722 903 689</u>	
Mobile No:	
Email: <u>yussuleila@gmail.com</u>	Date of Application:

DETAILS OF PROGRAM(S) TO STUDY (To select a program, refer to www.saiu.ac.ug)	
1st Choice:	
2nd Choice:	
3rd Choice:	
Please indicate how you heard about SAIU Programs Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Social media <input type="checkbox"/> Friend <input checked="" type="checkbox"/>	
Mode of fees payment Per semester <input checked="" type="checkbox"/> Per Year <input type="checkbox"/> Entire program duration <input type="checkbox"/>	
Proposed start date January 2019 <input type="checkbox"/> April 2019 <input type="checkbox"/> August 2019 <input type="checkbox"/>	

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 30th, March 30th or July 30th respective of the intake of the year you are seeking admission.

Undergraduate Applications

Office of the Registrar

St Augustine International University

Bunga Hill Main Campus, P.O. Box 88, Kampala, Uganda

Mobile: +256 705 444 540, +256 784290233

Email: admissions@saiu.ac.ug, ar@saiu.ac.ug, contact@saiu.ac.ug

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

FOR OFFICIAL USE ONLY	
School Decision	<u>Admit</u>
Application No.	<u>21 Transfer</u>
Course	<u>20108</u>

PARENT/GUARDIAN INFORMATION

(Give details of Parents and Guardian where applicable)

Father

Is father living? ☐ Yes ☒ No (Date Deceased 9th/08/2010)
dd/mm/yyyy

Name: MUSSUF BARAKI

Nationality: KENYAN

Occupation: N/A

Telephone No:
Include Area/Country code +254 722 903 689.

Mobile No:
Include Area/Country code +254 722 903 689.

Email: jussuleila@gmail.com.

Mother

Is Mother living? ☐ Yes ☒ No (Date Deceased 10th/01/2016)
dd/mm/yyyy

Name: LAINAB HASSAN YUSSUF.

Nationality: KENYAN.

Occupation: N/A

Telephone No:
Include Area/Country code +254 722 903 689.

Mobile No:
Include Area/Country code

Email: jussuleila@gmail.com.

Guardian

Is Guardian living? ☒ Yes ☐ No (Date Deceased _____)
dd/mm/yyyy

Name: ADEN MAHAT.

Nationality: KENYAN

Occupation: DOCTOR.

Telephone No:
Include Area/Country code +254 725 137 605

Mobile No:
Include Area/Country code +254 725 137 605.

Email: Adeshmahat@gmail.com.

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:	
Name and Address of School: <div style="text-align: center; font-size: 1.2em;">BERTU GIRLS SECONDARY SCHOOL</div>	
Year of Examination: <div style="text-align: center;">2016</div>	Index No. <div style="text-align: center;">45130833 45815301001</div>

Subjects <small>Include whether Principal (P) or Subsidiary (S)</small>	Results/Grade						Overall Grade
	Papers						
	1	2	3	4	5	6	
							B+

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 <small>Indicate 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	C+	ENGLISH LITERATURE		MUSIC	
AGRICULTURE		FINE ART		PHYSICS	
BIOLOGY	B+	FRENCH		RELIGIOUS EDUCATION	(B+) (B+)
CHEMISTRY Best	B+	GEOGRAPHY		TECHNICAL DRAWING	
COMMERCE		HISTORY B (plain)	B plain		
ENGLISH LANGUAGE	B-	MATHEMATICS A-	A-		

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

PERSONAL STATEMENT

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

First and foremost it's been my passion to pursue this career, having an ambition of achieving this course has been a dream before. Determination knows no barrier, regardless of the situation, I will manage it by prayers, hardwork, discipline it will boom my success and being a good doctor in future coming from the community where girls education is undermined, therefore this is an opportunity for me to do this course and reverse back the service to the community.

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	
Physical Address	
Address	Postcode
City / Town	Telephone No
Mobile No:	Fax
Country	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:

20th / Sep / 2018.



**KAMPALA
INTERNATIONAL
UNIVERSITY**

Ggaba Road-Kansanga
P.O. Box 20000, Kampala, Uganda.
Tel: +256-414-266813, +256-414-267634
Fax: +256-414-501974. Cell: +256-701-853392
E-mail: admissions@kiu.ac.ug
Website: www.kiu.ac.ug

DIRECTORATE OF ADMISSIONS

Full Name: LEILA YUSSUF
Nationality: KENYAN
Entry Mode: DIRECT
Entry Intake: JANUARY
Campus: Western Campus
Programme Name: Bachelor of Medicine and Bachelor of Surgery

Admission No: 536,472
Date: 05-January-2017

Dear LEILA,

RE: ADMISSION

Following your application, I am pleased to inform you that you have been admitted for a *5 1/2 Years* course of study leading to the award of a *Bachelor of Medicine and Bachelor of Surgery* as a privately sponsored student for the academic year *2016/2017* subject to submission and verification of the supporting academic documents.

The *Semester* starts on *09-January-2017*. 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.

You are advised to fulfil all admission requirements and registration within three weeks from the start of the *Semester* on *09-January-2017*, otherwise your admission will be cancelled. *The requirements are as follows:*

- * *Original Ordinary Level Certificate of Education or its equivalent plus two photocopies of it.*
- * *Original Advanced Level Certificate of Education or its equivalent plus two photocopies of it.*

Cases of impersonation, falsification of documents or giving false/incomplete information whenever discovered, either at registration or afterwards, will lead to automatic cancellation of admission and dismissal from the University.

1. PAYMENT

i) After receiving this admission letter, obtain bank slips and make all payments (tuition and consolidated) in any of the banks listed below.

And return the bankslips to the University Accounts Office after banking.

BANK	ACCOUNT TITLE	A/C NO.	SWIFT CODE	CURRENCY
BARCLAYS	KAMPALA INTERNATIONAL UNIVERSITY	7009942	BARCKEN	USD (\$)
BARCLAYS	KAMPALA INTERNATIONAL UNIVERSITY	1820190	BARCKEN	KES
CENTENARY	KAMPALA INTERNATIONAL UNIVERSITY	6518000000	CERBUGKA	USD (\$)
CENTENARY	KAMPALA INTERNATIONAL UNIVERSITY	6510600122	CERBUGKA	UShs
EQUITY	KAMPALA INTERNATIONAL UNIVERSITY	1032200345597	EQBLUGKA	USD (\$)
EQUITY	KAMPALA INTERNATIONAL UNIVERSITY	1032200317737	EQBLUGKA	UShs
UBA	KAMPALA INTERNATIONAL UNIVERSITY	0513000373	UNAFUGKA	USD (\$)
UBA	KAMPALA INTERNATIONAL UNIVERSITY	0503001009	UNAFUGKA	UShs

Find the fees break down for Bachelor of Medicine and Bachelor of Surgery - .
Academic year 2016/2017 Session: DAY Study Centre: WESTERN CAMPUS (Western Campus) below;

Fee	Payable	Amount
OTHER FEES	Per Semester	USD 425.00
TUITION FEES	Per Semester	USD 2,650.00

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

- You will not be issued with fees clearance card at the beginning of the **Semester** unless you have paid all fees. Pick your fees clearance card from the office of the Director of Finance on reporting.
- Dues for meals and hostel should not be deposited on the University account.
- Only those students who have paid their fees in full will be allowed to sit for their end of Semester examinations.

1. WITHDRAWING FROM THE UNIVERSITY

If a student declines the offer to join the university, penalties will apply by withholding fees paid as herein:-

- Withdrawing 15 days before commencement 20%
- Withdrawing 7-14 days before commencement 50%
- Withdrawing 1-7 days before commencement 80%
- Withdrawing on 09-Jan-2017 and thereafter 100%

2. RESIDENTIAL ACCOMMODATION


There is limited space for accomodation 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.

3. UNIVERSITY REGULATIONS

Obtain the information booklet which includes University rules and regulations from the Dean of Students affairs. Please read carefully and comply with the University rules and regulations.

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

Yours faithfully,


Nabadda-Barya Grace Flavia
DIRECTOR OF ADMISSIONS

NAME: LEILA YUSSUF
SEX: FEMALE
NATIONALITY: KENYAN
PROGRAM: BACHELOR OF MEDICINE AND BACHELOR OF SURGERY

REGISTRATION NO: BMS/8781/171/DF
ENTRY MODE:
DATE OF ENTRY:
DATE OF BIRTH:

016/2017 MAY-JUNE YEAR 1 SEM 0

COURSE CODE	COURSE TITLE	CU	CW	EYE	WT	TT
P 101.	Basics Of Computer Science	2	22	30	52	D 2.0
P 104.	Behavioural Sciences	2	33	43	76	B+ 4.5
P 110	Biology	2	27	38	65	C 3.5
P 102.	Biostatistics	2	19	34	53	D 2.0
P 113	Chemistry	2	28	52	80	A 5.0
P 100	Communication And Counseling Skills	2	27	44	71	B 4.0
P 111	Entrepreneurship	2	36	44	80	A 5.0
P 1103	Mathematics	2	27	43	70	B 4.0
P 1104	Physics	2	25	52	77	B+ 4.5
P 1111	Principles Of Community Health And Epidemiology	2	20	47	67	C 3.5
P 105	Principles Of Ethics And Integrity	2	20	40	60	C 3.0
P 1108	Research Methodology	2	29	41	70	B 4.0

GPA: 3.75

016/2017	CGPA: 3.75
ACADEMIC STATUS: Normal Progress	CGPA: 3.75

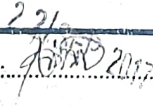
Grading System

90 - 100	A	60 - 64.9	C
85 - 79.9	B+	55 - 59.9	D+
80 - 74.9	B	50 - 54.9	D
75 - 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
50* = Retake/Supplementary

3.75

PRINTED ON
9/21/2017

SIGNATURE: 
Director of Academic Affairs (DAA)

SIGNATURE: 
Dean/Director of Faculty/School



REPUBLIC OF KENYA

MINISTRY OF EDUCATION

KENYA SECONDARY SCHOOL LEAVING
CERTIFICATE

**DERTU GIRLS' SECONDARY SCHOOL,
P.O BOX 581 -70100, GARISSA**

Admission/Serial No: 061.....

THIS IS TO CERTIFY THAT **LEILA YUSSUF**

Entered this school on 06/2/2012 and was enrolled in FORM ONE

and left on 06/11/2015 From Form FOUR having satisfactorily completed
the approved course for Secondary Education.

Date of birth (in Admission Register):1996.....

Head teacher's report on pupil's ability, industry and conduct

She is hardworking, disciplined, polite, Good academic ability, she was secretary of

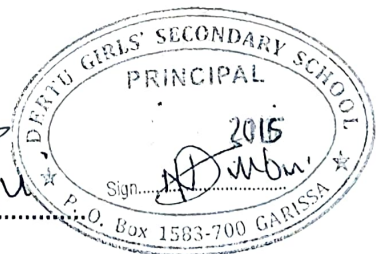
Islamic society and chairlady of journalism club. xxx

Student's Signature

Date of Issue 06/11/2015

Signature

Principal



This certificate was issued without any erasure or alteration whatsoever

PROVISIONAL RESULTS' SLIP

NAME: LEILA YUSSUF	NATIONALITY: KENYAN	ENTRY MODE:
REG NO: BMS/8781/171/DF	DATE OF BIRTH:	PROGRAM: BACHELOR OF MEDICINE AND BACHELOR OF SURGERY
SEX: FEMALE	DATE OF ENTRY:	

2016/2017	YEAR 1 SEM 0	TT	LG	CU
MPP 101.	Basics Of Computer Science	52	D	2
MPP 104.	Behavioural Sciences	76	B+	2
MPP 110	Biology	65	C+	2
MPP 102.	Biostatistics	53	D	2
MPP 113	Chemistry	80	A	2
MPP 100	Communication And Counseling Skills	71	B	2
MLP 1114	Entrepreneurship	80	A	2
MLP 1103	Mathematics	70	B	2
MLP 1104	Physics	77	B+	2
MLP 1111	Principles Of Community Health And Epidemiology	67	C+	2
MPP 105	Principles Of Ethics And Integrity	60	C	2
M 108	Research Methodology	70	B	2

GPA: 3.75

2017/2018	YEAR 1 SEM 1	TT	LG	CU
BMS 1101	Human Anatomy I (Histology/Upper And Lower Limbs/Embryology)	68	C+	4
BMS 1103	Introduction To Community & Community Diagnosis (Coberms) I	70	B	6
BMS 1104	Medical Biochemistry I (Fundamental Of Biochemistry)	57	D+	2
BMS 1102	Medical Physiology I (Cell Biology/Excitable Tissues/Blood And Body Fluids/Cvs)	74	B	5
BMS 1105	Nursing Skills/Process	62	C	2

GPA: 3.63

2017/2018	YEAR 1 SEM 2	TT	LG	CU
BMS 1204	Basic Microbiology (Virology/Mycology/Bacteriology)	57	D+	3
BMS 1205	Basic Pharmacology I (Introductory And General Pharmacology/Ans/Autacoids)	68	C+	3
BMS 1201	Human Anatomy II (Thorax / Abdomen / Pelvis / Perineum)	65	C+	4
BMS 1206	Immunology I	69	C+	2
BMS 1203	Medical Biochemistry II (Metabolism)	67	C+	3
BMS 1202	Medical Physiology II (Respiratory /Renal/Endocrine/Reproduction)	61	C	4

GPA: 3.24

CGPA: 3.56

PRINTED ON

8/20/2018

SIGNATURE.....
Director of Academic Affair

SIGNATURE.....
Dean/Director of Faculty/School



UGANDA NATIONAL EXAMINATIONS BOARD

OUR REFERENCE: **CF/UNEB/50**

YOUR REFERENCE:

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

KAMPAL, Uganda.

15 February 2017

The Academic Registrar
Kampala International University

EQUATING THE KENYA CERTIFICATE OF SECONDARY EDUCATION TO UGANDA CERTIFICATE OF EDUCATION (UCE)

LEILA YUSSUF, Index Number. **45815301/001** sat for the Kenya Certificate of Secondary Education Examination in the year **2015** at **DETRU GIRLS SECONDARY SCHOOL** and obtained results which may be equated to Uganda Certificate of Education (UCE) as shown below:

SUBJECT	KENYA GRADE	UCE EQUIVALENT
ENGLISH	B-(MINUS)	C3
KISWAHILI	B(PLAIN)	C3
MATHEMATICS	A-(MINUS)	D2
BIOLOGY	B+(PLUS)	C3
CHEMISTRY	B+(PLUS)	C3
HISTORY AND GOVERNMENT	B(PLAIN)	C3
ISLAMIC RELIGIOUS EDUCATION	B+(PLUS)	C3
BUSINESS STUDIES	C+(PLUS)	C4

NB: UNEB is not responsible for identify of the person mentioned in the letter.

Kagaba Peter

for: **EXECUTIVE SECRETARY**

ST. AUGUSTINE
INTERNATIONAL UNIVERSITY
"Moral Rearmament, Wealth Multiplication"

SAIU VISION

To be recognized as a moral rearmament, job creation and innovation driven University.

SAIU MISSION

To pursue research, teaching, and learning of international distinctions, academically current, innovative and responsive to local and global community needs.

Names: YUSSUF LEILA

Mob: +254722903689

Email: yussuleila@gmail.com

Year: Two Semester: One

Signature: 

ENROLLED PROGRAMME

BACHELOR OF MEDICINE AND
BACHELOR OF SURGERY (MBCHB)

STUDENT COMMITMENTS

- To be part and work with SAIU team
- To pay tuition fees in advance of beginning the Semester
- To attend 100% of lectures in a semester
- To be present at SAIU campus during study time
- To advise SAIU in case of absence
- To participate in most SAIU activities
- To behave in a responsible way on and off campus

PERSONAL OBJECTIVE

- To serve and grow SAIU in research, teaching and community engagement



Plot 31, Bunga Hill, Ggaba Road
P.O. Box 88, Kampala, Uganda
+256 784 290 233, +256 752 552 557
contact@saiu.ac.ug web: www.saiu.ac.ug

College: Medicine, Health & Life Sciences

Student Name: YUSSUF LEILA

Academic Year: 2018/2019

Semester
Year 2 Semester 1

Date: 20th September 2018

Form No.

Invoice Number: 495

Receipt No.

Application No.

Invoice to: YUSSUF LEILA

Programme: MBChB

Particulars	Amount (USD)	Amount Total (USD)
Tuition Fee	\$2250	
SAIU Scholarship		
Application Fee	\$21	
Other (s)		
PAID		
Payment terms: Total	\$2,271	

Immediate payment by money transfer ONLY to the account below.

{St. Augustine International University}

Account No: { 02363504848976 }

Bank: DFCU Bank – Uganda Swift code: DFCUUGKA

Your application has been processed on the basis of your academic documents presented. You are required to pay total tuition. You will be registered on presentation of the payment slip. Also pay UGX 20,000 per year for National Council for Higher Education in any Stanbic Bank branch.

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 & prosecution in the courts of law.

SIGNATURE 

Dr. Annabella H. Ejiri +256 772 571 444 ar@saiu.ac.ug

Academic Registrar

SIGNED IN THE PRESENCE OF: 

Mr. Dickson Bikorwa +256 772 571 312 dbikorwa@saiu.ac.ug

Finance Officer

KNOW ALL MEN BY THESE PRESENTS,

THIS IS A DEED OF ABSOLUTE PAYMENT OF TUITION





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

Wednesday 1st August 2018

Dear: LEILA YUSUF

REGISTRATION NO: 2018AG/MBChB/2108

ADMISSION FOR AUGUST INTAKE 2018/2019 YEAR ² SEMESTER I

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. Payment should strictly be made to account details A/C Name St. Augustine International University, A/C No. 02363504848976 DFCU BANK, Kampala – Uganda.

Program Duration: FIVE (5) Years

Reporting Date: Saturday 4th August, 2018

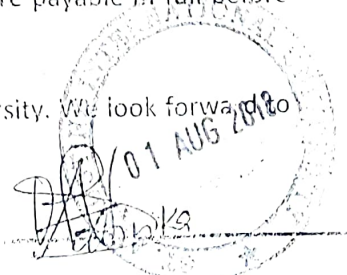
Registration

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 2018/2019 are United States Dollars Two Thousand Two Hundred and Fifty (\$2250) 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 Ejiri
Academic Registrar

Please note:

- a) Fees paid are nonrefundable.
- b) A certified translation must be provided for all documents in a language other than English
- c) 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