



519/139

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

Friday 8th February, 2019

REGISTRATION NO: 2019J/MBChB/1040

Dear Mr. Ahmad Ahmad,

ADMISSION FOR JANUARY INTAKE 2019 YEAR 2 SEMESTER 2

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.

Program Duration: FIVE (5) Years
Reporting Date: Monday 14th January, 2019

Registration

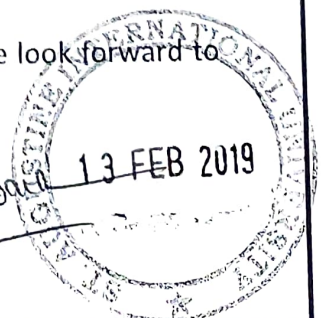
This admission has been made on the basis of your application and attached copies of academic documents (qualifications). All original authentic documentation must be presented at the time of registration including original tuition fees bank pay in slip/EFT/RTGS, academic transcripts, recommendation 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 2019/2020 are **United States Dollars Two thousand five hundred (\$2,500)** per semester. Payment should strictly be made to account details A/C Name St. Augustine International University, A/C No. 02363504848976 DFCU BANK, Kampala – Uganda. All fees are payable **in full** before the beginning of each semester. National Council for Higher Education fee is **UG SHS 20,000** per year, payable at any Stanbic Bank branch.

Congratulations upon your admission to St. Augustine International University. We look forward to you integrating into a new and vibrant intellectual community.

M. M. M. M. 13 FEB 2019





Yours Sincerely

Mr. Narubara

Professor Narubara Gabriel

Vice Chancellor

Please note:

1. Fees paid are nonrefundable.
2. The University is non-residential.
3. A certified translation must be provided for all documents in a language other than English.
4. 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.



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

Tuesday 5th February, 2019

Dear Mr. Ahmad Ahmad,

RE: OFFER LETTER FOR JANUARY 2019 INTAKE IN YEAR 2 SEMESTER 2

On the basis of your application and attached copies of academic documents, the Admissions Board has recommended to the University that you be admitted to our Executive Programme leading to the award of **BACHELOR IN MEDICINE AND BACHELOR IN 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 programmes. We take pride both in the exceptional stature of SAIU faculty and the commitment to quality education. Vacancies for the offered Programme are limited therefore you are requested to confirm your acceptance of this offer not later than **24th January, 2019** by payment of the tuition fees. Due to limited vacancies on this Programme you are advised to pay the above fees as soon as possible so that you can be issued with an **Admission Letter** while there are still vacancies on the April 2019 intake. **The academic year started on 14th January, 2019.** After fulfillment of the above condition, an official **Admission Letter** will be issued to you. Payment should strictly be made to account details A/C Name St. Augustine International University, A/C No. 02363504848976, Bank: DFCU Bank, Uganda. In case of bank-bank transfers, the swift code is DFCUUGKA.

The tuition fees for the program in the academic year 2019/2020 are **United States Dollars Two Thousand Five hundred (\$2500)** 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. Please note that the University is non-residential.

Yours Faithfully

Professor Nzarubara Gabriel
Vice Chancellor

Professor Nzarubara Gabriel, Vice Chancellor,
St. Augustine International University, Plot 31 Bunga Hill, P.O Box 88
Kampala, Uganda; Tel: +256 (0) 752 552 557, +256 (0) 705 444 540
Email: vc@saiu.ac.ug Web: <http://www.saiu.ac.ug>

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.

Name: **Ahmad Ahmad**

Mob: 0704643807/2347065686363

Email: ahmadsahmad22@gmail.com

Year: Two Semester : Two

Signature:

**ENROLLED PROGRAMME
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

have 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
+256772 571 444, +256755 444 540
contact@saiu.ac.ug web: www.saiu.ac.ug

College: Medicine, Health and Life Sciences

Student Name: **Ahmad Ahmad**

Academic Year : 2019/2020		Year 2 Semester 2	
Date:	22/11/2018	Form No.	
Invoice Number:	737	Receipt No.	
Application No.			
Invoice to:	Ahmad Ahmad		
Programme:	MBChB		
	Particulars	Amount (USD)	Amount Total (USD)
	Tuition Fees	\$2,500.00	
	Application fees	\$21.00	
	Other (s)		
	PAID		
Payment terms:	Total		\$2,521.00

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 issued with an admission letter and 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:

Mrs. Luvina Arun +256 757 234 814 luvina700@gmail.com
DVC - Finance

KNOW ALL MEN BY THESE PRESENTS,
THIS IS A DEED OF ABSOLUTE PAYMENT OF TUITION

ST. AUGUSTINE INTERNATIONAL UNIVERSITY

Plot No. 88 Bunga Hill, Kampala, Uganda

STUDENT ADMISSION AND ELIGIBILITY STATUS

1	STUDENT NAME	S. AHMAD AHMAD.
2	COURSE APPLIED FOR	MBCHB 2.2
3	ACADEMIC YEAR AND INTAKE	2019 J1
4	QUALIFICATION:	1. Completed 2.1 MBCHB @ KIU. 2. would like to do 2.2 MBCHB 3. J 4. 5.
5	COMMENTS BY THE ADMISSIONS OFFICE	made to transfer to 2.2 MBCHB from KIU / transcripts were previously seen by Dr. Annabella. Please suggest.
6	COMMENTS OF THE LEGAL OFFICER	
7	FINAL COMMENTS OF ELIGIBILITY	

J19/139

**Undergraduate
Application Form 2018/2019 and 2019 Academic Year**

Bunga Hill Main Campus, P.O. Box 83, Kampala, Uganda
Mobile: +256 705 444 540, +256 784290233
Email: admissions@saiu.ac.ug Website: www.saiu.ac.ug

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

PERSONAL INFORMATION			
Title (Dr/Mr/Ms/Mrs/Rev): Mr		Last Name(s): S. AHMAD	
First Name: AHMAD		Date of Birth: (dd/mm/yyyy) 15-06-1994	
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"/>		
Passport / ID No. A05740496	Nationality: NIGERIA	Country of Birth: NIGERIA	
Country of Ordinary Residence:		Occupation: STUDENT	Religion: MUSLIM



Permanent Home Address (Physical Address) NO, 40 DAURA ROAD, KADUNA STATE, NIGERIA.	
Telephone No: +256704643807	
Mobile No: +2347065686363	
Email: ahmad.sahmad22@gmail.com	Date of Application: 22-11-2018

DETAILS OF PROGRAMS TO STUDY (To select a program, refer to www.saiu.ac.ug)	
1st Choice:	BACHELOR of MEDICINE & BACHELOR of SURGERY
2nd Choice:	BACHELOR of MEDICINE & BACHELOR of SURGERY
3rd Choice:	BACHELOR of MEDICINE & BACHELOR of SURGERY
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 type="checkbox"/> Per Year <input type="checkbox"/> Entire program duration <input type="checkbox"/>	
Proposed start date January 2019 <input checked="" type="checkbox"/> April 2019 <input type="checkbox"/> August 2018 <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	Admit 2.2
Application No.	041 <i>[Signature]</i>
Course	22nd / 01 / 2018

PARENT/GUARDIAN INFORMATION

(Give details of Parents and Guardian where applicable)

Father

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

Name: SULEIMAN USMAN

Nationality: NIGERIA

Occupation: CIVIL SERVANT

Telephone No:
Include Area/Country code +2347065686363

Mobile No:
Include Area/Country code

Email: ahmad.sahmad22@gmail.com

Mother

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

Name: DUKAYAT MUHAMMAD

Nationality: NIGERIA

Occupation: CIVIL SERVANT

Telephone No:
Include Area/Country code

Mobile No:
Include Area/Country code

Email:

Guardian

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

Name: SULEIMAN USMAN

Nationality: NIGERIA

Occupation: CIVIL SERVANT

Telephone No:
Include Area/Country code +2347065686363

Mobile No:
Include Area/Country code

Email:

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:	
Name and Address of School:	
Year of Examination:	Index No.

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

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:	WEST AFRICAN EXAMINATION COUNCIL / NIGERIA
Name and Address of School:	P. M. B 2206, FEDERAL SCIENCE COLLEGE SOKOTO, STATE, NIGERIA.
Year of Examination:	JUNE, - 2012
Index No.	4340 901 064 / 23677034 f I

Subjects <small>Include 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		ENGLISH LITERATURE	B3	MUSIC	
AGRICULTURE	B3	FINE ART		PHYSICS	C5
BIOLOGY	C5	FRENCH		RELIGIOUS EDUCATION	B3
CHEMISTRY	D7	GEOGRAPHY	B3	TECHNICAL DRAWING	
COMMERCE		HISTORY		HAUSA LANGUAGE	C4
ENGLISH LANGUAGE	C4	MATHEMATICS	C6		

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)

To save lives, and opportunity to help, and develop relationship with patients and engage in their problems.

2.0

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		MUTHAMMAD BELLO IBRAHIM	
Physical Address		Kampala, UGANDA	
Address		Postcode	
City / Town		Telephone No	
Kampala		+ 256 701 920 979	
Mobile No:		Fax	
+ 256 701 920 979			
Country		Email	
UGANDA			

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:

22 - NOVEMBER - 2018



**KAMPALA
INTERNATIONAL
UNIVERSITY**

PROVISIONAL RESULTS SLIP

THE DIRECTORATE OF ACADEMIC AFFAIRS KIU-WC
P. O. Box 71, Bushenyi - Uganda.
Tel: +256-772-662-645/ +256-701-662-645
Email: admin@kiuwc.co.ug
Website: www.kiu.ac.ug

NAME: AHMAD S. AHMAD

SEX: MALE

NATIONALITY: NIGERIAN

PROGRAM: BACHELOR OF MEDICINE AND BACHELOR OF SURGERY

REGISTRATION NO: BMS/0254/143/DF

ENTRY MODE: DIRECT

DATE OF ENTRY: 27/9/2014

DATE OF BIRTH: 15/06/1994

2014/2015 FEBRUARY YEAR1 SEM 0

COURSE CODE	COURSE TITLE	CU	CW	EYE	W	TT	LG	TP
MPP 101	Basics Of Computer Science	2	22	33	55	D+	2.5	
MPP 104	Behavioral Sciences	2	22	31	53	D	2.0	
MPP 110	Biology	2	0	50	50*	D	2.0	
MPP 102	Biostatistics	2	25	32	57	D+	2.5	
MPP 113	Chemistry	2	26	34	60	C	3.0	
MPP 100	Communication & Counseling Skills	2	28	26	54	D	2.0	
MPP 114	Entrepreneurship	2	31	31	62	C	3.0	
MPP 111	Mathematics	2	35	29	64	C	3.0	
MPP 112	Physics	2	30	38	68	C+	3.5	
MPP 106	Principles Of Community Health And Epidemiology	2	0	50	50*	D	2.0	
MPP 105	Principles Of Ethics And Integrity	2	15	41	56	D+	2.5	
MPP 103	Research Methodology	2	0	50	50*	D	2.0	

GPA: 2.50

2014/2015 GPA: 2.50

2015/2016 FEBRUARY YEAR1 SEM1

COURSE CODE	COURSE TITLE	CU	CW	EYE	W	TT	LG	TP
MHA 110	Human Anatomy 1 (Histology /Upper And Lower Limbs/Embryology)	4	0	50	50*	D	2.0	
MCO 110	Introduction To Community & Community Diagnosis (Coberms) 1	6	16	40	56	D+	2.5	
MBC 110	Medical Biochemistry 1 (Fundamental Of Biochemistry)	2	23	37	60	C	3.0	
MPH 110	Medical Physiology 1 (Cell Biology /Excitable Tissues/Blood And Body Fluids/Cvs)	4	0	50	50*	D	2.0	
MSN110	Nursing Skills/Process	2	27	29	56	D+	2.5	

GPA: 2.33

2015/2016 GPA: 2.33

2016/2017 DECEMBER YEAR1 SEM 2

COURSE CODE	COURSE TITLE	CU	CW	EYE	W	TT	LG	TP
MBM 120	Basic Microbiology (Virology/Mycology/Bacteriology)	3	30	41	71	B	4.0	
MBP 120	Basic Pharmacology 1 (Introductory And General Pharmacology/ Ans/Autacoids)	3	27	28	55	-D+	2.0	
MHA 120	Human Anatomy 2 (Thorax / Abdomen / Pelvis / Perineum)	4	21	36	57	D+	2.5	
MIM 120	Immunology 1	2	22	46	68	C+	3.5	
BMS 1203	Medical Biochemistry 2 (Metabolism)	3	27	25	52	D	2.0	
MPH 120	Medical Physiology 2 (Respiratory / Renal/Endocrine/Reproduction)	4	25	46	71	B	4.0	



GPA: 3.08

2016/2017

MAY-JUNE

YEAR2 SEM1

COURSE CODE	COURSE TITLE	CU	CW	EYE	W	TT	LG	TP
BMS 2106	Basic Pharmacology 2 (Principles Of Toxicology /Chemotherapy)	3	25	24	4	53	D	2.0
BMS 2101	Human Anatomy 3 (Head And Neck/ Neuroanatomy)	3	23	26	3	52	D	2.0
BMS 2104	Immunology 2	1	33	37	4	74	B	4.0
BMS 2103	Medical Biochemistry 3 (Nutrition/ Cancer/ Genetics)	1	28	23	3	54	D	2.0
BMS 2102	Medical Physiology 3 (Digestive/ Neurolocomotor)	2	22	23	5	50	D	2.0
BMS 2105	Parasitology	2	26	21	5	52	D	2.0

GPA: 2.15

GPA: 2.70

ACADEMIC STATUS: Normal Progress

CGPA: 2.55

Grading System

80 - 100	A	60 - 64.9	C
75 - 79.9	B+	55 - 59.9	D+
70 - 74.9	B	50 - 54.9	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

50* = Ratake/Supplementary

PRINTED ON

8/28/2017

SIGNATURE:

Director of Academic Affairs (DAA)

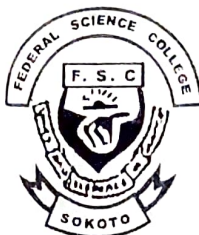


SIGNATURE:

Dean/Director of Faculty/School



FEDERAL SCIENCE COLLEGE, SOKOTO



1958

NECO SENIOR SCHOOL CERTIFICATE EXAMINATION RESULTS

CENTRE NO: 028033

YEAR: 2012

CANDIDATE'S NO: 23677034PT

CANDIDATE'S NAME AHMAD AHMAD S.

Having been in attendance at the above - named College and Completed the approved course of study: the Candidate obtained the following result(s):

SUBJECT	GRADE	RESULT
English Language	C5	CREDIT
Economics	/	/
Hausa/ YORUBA	C5	CREDIT
Geography	C5	CREDIT
Mathematics	C5	CREDIT
Further Maths	/	/
Physics	D7	PASS
Chemistry	C5	CREDIT
Biology	C5	CREDIT
Agric Science	C5	CREDIT
Food & Nutrition	/	/
Technical Drawing	/	/
Applied Electricity	/	/
Basic Electronics	/	/
Building Construction	/	/
Islamic Studies	D7	PASS

Number of Subjects Recorded NINE(9)

ANY ALTERATION RENDERS THE RESULTS INVALID

V.P.
for
PRINCIPAL

The West African Examinations Council

West African Senior School Certificate

JUNE 2012

This is to Certify that: AHMAD S AHMAD

born on: JUNE 15, 1994

sex: MALE

having been in attendance at

FEDERAL SCIENCE COLLEGE, SOKOTO

sat the West African Senior School Certificate Examination
and obtained the results shown below.



SUBJECT

GRADE

GEOGRAPHY	B3
ISLAMIC STUDIES	B3
ENGLISH LANGUAGE	C4
HAUSA LANGUAGE	C4
MATHEMATICS	C6
AGRICULTURAL SCIENCE	B3
BIOLOGY	C5
CHEMISTRY	D7
PHYSICS	C5
SUBJECTS RECORDED	NINE

CD 22

Candidate No.

4340901064

Certificate No.

NGWASSCS 17250261



Chairman of Council

Registrar to Council



**KAMPALA
INTERNATIONAL
UNIVERSITY**

PROVISIONAL RESULTS SLIP

THE DIRECTORATE OF ACADEMIC AFFAIRS KIU-WC
P. O. Box 71, Bushenyi - Uganda.
Tel: +256-772-662-645/ +256-701-662-645
Email: admin@kiuw.ac.ug
Website: www.kiu.ac.ug

NAME: AHMAD S. AHMAD
SEX: MALE
NATIONALITY: NIGERIAN
PROGRAM: BACHELOR OF MEDICINE AND BACHELOR OF SURGERY

REGISTRATION NO: BMS/0254/143/DF
ENTRY MODE: DIRECT
DATE OF ENTRY: 27/9/2014
DATE OF BIRTH: 15/06/1994

2014/2015

FEBRUARY

YEAR1 SEM 0

COURSE CODE	COURSE TITLE	CU	CW	EYE	WV	TT	LG	TP
MPP 101	Basics Of Computer Science	2	22	33	55	D+	2.5	
MPP 104	Behavioral Sciences	2	22	31	53	D	2.0	
MPP 110	Biology	2	0	50	50*	D	2.0	
MPP 102	Biostatistics	2	25	32	57	D+	2.5	
MPP 113	Chemistry	2	26	34	60	C	3.0	
MPP 100	Communication & Counseling Skills	2	28	26	54	D	2.0	
MPP 114	Entrepreneurship	2	31	31	62	C	3.0	
MPP 111	Mathematics	2	35	29	64	C	3.0	
MPP 112	Physics	2	30	38	68	C+	3.5	
MPP 106	Principles Of Community Health And Epidemiology	2	0	50	50*	D	2.0	
MPP 105	Principles Of Ethics And Integrity	2	15	41	56	D+	2.5	
MPP 103	Research Methodology	2	0	50	50*	D	2.0	

GPA: 2.50

2014/2015

GPA:2.50

2015/2016

FEBRUARY

YEAR1 SEM1

COURSE CODE	COURSE TITLE	CU	CW	EYE	WV	TT	LG	TP
MHA 110	Human Anatomy 1 (Histology /Upper And Lower Limbs/Embryology)	4	0	50	50*	D	2.0	
MCO 110	Introduction To Community & Community Diagnosis (Coberns) 1	6	16	40	56	D+	2.5	
MBC 110	Medical Biochemistry 1 (Fundamental Of Biochemistry)	2	23	37	60	C	3.0	
MPH 110	Medical Physiology 1 (Cell Biology /Excitable Tissues/Blood And Body Fluids/Cvs)	4	0	50	50*	D	2.0	
MSN110	Nursing Skills/Process	2	27	29	56	D+	2.5	

GPA: 2.33

2015/2016

GPA: 2.33

2016/2017

DECEMBER

YEAR1 SEM 2

COURSE CODE	COURSE TITLE	CU	CW	EYE	WV	TT	LG	TP
MBM 120	Basic Microbiology (Virology/Mycology/Bacteriology)	3	30	41	71	B	4.0	
MBP 120	Basic Pharmacology 1 (Introductory And General Pharmacology/ Ans/Autacoids)	3	27	28	55	D+	2.0	
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MIM 120	Immunology 1	2	22	46	68	C+	3.5	
BMS 1203	Medical Biochemistry 2 (Metabolism)	3	27	25	52	D	2.0	
MPH 120	Medical Physiology 2 (Respiratory / Renal/Endocrine/Reproduction)	4	25	46	71	B	4.0	



GPA: 3.08

2016/2017

MAY-JUNE

YEAR2 SEM1

COURSE CODE	COURSE TITLE	CU	CW	EYE	VV	TT	LG	TP
BMS 2106	Basic Pharmacology 2 (Principles Of Toxicology /Chemotherapy)	3	25	24	4	53	D	2.0
BMS 2101	Human Anatomy 3 (Head And Neck/ Neuroanatomy)	3	23	26	3	52	D	2.0
BMS 2104	Immunology 2	1	33	37	4	74	B	4.0
BMS 2103	Medical Biochemistry 3 (Nutrition/ Cancer/ Genetics)	1	28	23	3	54	D	2.0
BMS 2102	Medical Physiology 3 (Digestive/ Neurolocomotor)	2	22	23	5	50	D	2.0
BMS 2105	Parasitology	2	26	21	5	52	D	2.0

GPA: 2.15

2016/2017

GPA: 2.70

ACADEMIC STATUS: Normal Progress

CGPA: 2.55

Grading System

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				CGPA = Cumulative Grade Point Average
				50* = Ratake/Supplementary

PRINTED ON

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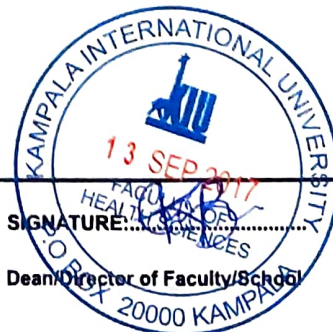
SIGNATURE:.....

Director of Academic Affairs (DAA)



SIGNATURE:.....

Dean/Director of Faculty/School





**KAMPALA
INTERNATIONAL
UNIVERSITY**
Western Campus

P. O. BOX 71 Bushenyi ,Uganda.
www.kiu.ug.uk

DIRECTORATE OF ACADEMIC AFFAIRS-WESTERN CAMPUS

13th September,2017

LETTER OF RECOMMENDATION
TO WHOM IT MAY CONCERN

RE: AHMAD S AHMAD REGN NO: BMS/0254 / 143/DF

This is to bring to your notice that the above mentioned person has been a student of Kampala International University- Western Campus Studying Bachelor Medicine and Bachelor of Surgery and finished Biomedical Sciences and is proceeding to Pathology.

During his stay at the University, he has been well behaved and ready to learn Student.

Any assistance rendered to him is highly appreciated.

Thanks



.....
Dr Nakimuli Amina
Director Academic Addairs

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.

SAIU

Name: **Ahmad Ahmad**

Mob: 256704643807/2347065686363

Email: ahmadsahmad22@gmail.com

Year: One Semester : One

Signature: 

ENROLLED PROGRAMME 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

have 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
+256772 571 444, +256755 444 540
contact@saiu.ac.ug web: www.saiu.ac.ug

College: Medicine, Health and Life Sciences

Student Name: **S. Ahmad Ahmad**

Academic Year : 2019/2020

Year 1 Semester 1

Date: 22/11/2018

Form No.

Invoice Number: 737

Receipt No.

Application No.

Invoice to: **Ahmad Ahmad**

Programme: MBChB

Particulars	Amount (USD)	Amount Total (USD)
Tuition Fees	\$2500.00	\$2500.00
Application fees	\$21	\$21
Other (s)		
PAID		
Payment terms: Total		\$2521.00

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 issued with an admission letter and 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:

Prof. Luvina Arun +256 757 234 814 luvina700@gmail.com

DVC: Finance

STAMP

KNOW ALL MEN BY THESE PRESENTS,

THIS IS A DEED OF ABSOLUTE PAYMENT OF TUITION



**KAMPALA
INTERNATIONAL
UNIVERSITY**

PROVISIONAL RESULTS SLIP

THE DIRECTORATE OF ACADEMIC AFFAIRS KIU-WC
P. O. Box 71, Bushenyi - Uganda.
Tel: +256-772-662-645/ +256-701-662-645
Email: admin@kiuwc.co.ug
Website: www.kiu.ac.ug

NAME: AHMAD S. AHMAD

SEX: MALE

NATIONALITY: NIGERIAN

PROGRAM: BACHELOR OF MEDICINE AND BACHELOR OF SURGERY

REGISTRATION NO: BMS/0254/143/DF

ENTRY MODE: DIRECT

DATE OF ENTRY: 27/9/2014

DATE OF BIRTH: 15/06/1994

2014/2015

FEBRUARY

YEAR1 SEM 0

COURSE CODE	COURSE TITLE	CU	CW	EYE	W	TT	LG	TP
MPP 101	Basics Of Computer Science	2	22	33	55	D+	2.5	
MPP 104	Behavioral Sciences	2	22	31	53	D	2.0	
MPP 110	Biology	2	0	50	50*	D	2.0	
MPP 102	Biostatistics	2	25	32	57	D+	2.5	
MPP 113	Chemistry	2	26	34	60	C	3.0	
MPP 100	Communication & Counseling Skills	2	28	26	54	D	2.0	
MPP 114	Entrepreneurship	2	31	31	62	C	3.0	
MPP 111	Mathematics	2	35	29	64	C	3.0	
MPP 112	Physics	2	30	38	68	C+	3.5	
MPP 106	Principles of Community Health And Epidemiology	2	0	50	50*	D	2.0	
MPP 105	Principles of Ethics And Integrity	2	15	41	56	D+	2.5	
MPP 103	Research Methodology	2	0	50	50*	D	2.0	

GPA: 2.50

2014/2015

GPA: 2.50

2015/2016

FEBRUARY

YEAR1 SEM1

COURSE CODE	COURSE TITLE	CU	CW	EYE	W	TT	LG	TP
MHA 110	Human Anatomy 1 (Histology /Upper And Lower Limbs/Embryology)	4	0	50	50*	D	2.0	
MCO 110	Introduction To Community & Community Diagnosis (Coberms) 1	6	16	40	56	D+	2.5	
MBC 110	Medical Biochemistry 1 (Fundamental Of Biochemistry)	2	23	37	60	C	3.0	
MPH 110	Medical Physiology 1 (Cell Biology /Excitable Tissues/Blood And Body Fluids/Cvs)	4	0	50	50*	D	2.0	
MSN110	Nursing Skills/Process	2	27	29	56	D+	2.5	

GPA: 2.33

2015/2016

GPA: 2.33

2016/2017

DECEMBER

YEAR1 SEM 2

COURSE CODE	COURSE TITLE	CU	CW	EYE	W	TT	LG	TP
MBM 120	Basic Microbiology (Virology/Mycology/Bacteriology)	3	30	41	71	B	4.0	
MBP 120	Basic Pharmacology 1 (Introductory And General Pharmacology/ Ans/Autacoids)	3	27	28	55	D+	2.0	
MHA 120	Human Anatomy 2 (Thorax / Abdomen / Pelvis / Perineum)	4	21	36	57	D+	2.5	
MIM 120	Immunology 1	2	22	46	68	C+	3.5	
BMS 1203	Medical Biochemistry 2 (Metabolism)	3	27	25	52	D	2.0	
MPH 120	Medical Physiology 2 (Respiratory / Renal/Endocrine/Reproduction)	4	25	46	71	B	4.0	



2016/17

MAY-JUNE

GPA: 3.08

YEAR2 SEM1

COURSE CODE	COURSE TITLE	CU	CW	EYE	W	TT	LG	TP
BMS 2106	Basic Pharmacology 2 (Principles Of Toxicology /Chemotherapy)	3	25	24	4	53	D	2.0
BMS 2101	Human Anatomy 3 (Head And Neck/ Neuroanatomy)	3	23	26	3	52	D	2.0
BMS 2104	Immunology 2	3	33	37	4	74	B	4.0
BMS 2103	Medical Biochemistry 3 (Nutrition/ Cancer/ Genetics)	3	28	23	3	54	D	2.0
BMS 2102	Medical Physiology 3 (Digestive/ Neurolocomotor)	2	22	23	5	50	D	2.0
BMS 2105	Parasitology	2	26	21	5	52	D	2.0

GPA: 2.15

2016/2017

GPA: 2.70

ACADEMIC STATUS: Normal Progress

CGPA: 2.55

Grading System

80 - 100	A	60 - 64.9	C
75 - 79.9	B+	55 - 59.9	D+
70 - 74.9	B	50 - 54.9	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

50* = Ratake/Supplementary

PRINTED ON

8/28/2017



SIGNATURE: _____

Director of Academic Affairs (DAA)



SIGNATURE: _____

Dean/Director of Faculty/School



**ST. AUGUSTINE
INTERNATIONAL
UNIVERSITY**

Plot 144-4 Campus, B-13 Box 88 Kampala Uganda
Mobile: +256 705 444 540 +256 784290233
Email: admissions@saui.ac.ug, registrar@saui.ac.ug, concert@saui.ac.ug

Undergraduate

Application Form 2018/2019 and 2019 Academic Year

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

PERSONAL INFORMATION			
Title (Dr/Mr/Ms/Mrs/Rev) Mr		Last Name(s) S. AHMAD	
First Name AHMAD		Date of Birth (dd-mm-yyyy) 15-06-1994	
Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Marital Status: Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Others (Specify) <input type="checkbox"/>		
Passport / ID No A05740496	Nationality NIGERIA	Country of Birth NIGERIA	
Country of Ordinary Residence	Occupation STUDENT	Religion MUSLIM	



Permanent Home Address (Physical Address)

NO, 40 DAURA ROAD, KADUNA STATE, NIGERIA.

Telephone No **+256704643807**

Mobile No **+2347065686363**

Email **ahmad.sahmad22@gmail.com**

Date of Application: **11-06-2018**

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

1st Choice: **BACHELOR of MEDICINE & BACHELOR of SURGERY**

2nd Choice: **BACHELOR of MEDICINE & BACHELOR of SURGERY**

3rd Choice: **BACHELOR of MEDICINE & BACHELOR of SURGERY**

Please indicate how you heard about SAUI Programs

Website ☐

Newspaper ☐

Social media ☐

Friend ☒

Mode of fees payment

Per semester ☒

Per Year ☐

Entire program duration ☐

Proposed start date

January 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 30th, March 30th or July 30th respectively 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@saui.ac.ug, ar@saui.ac.ug, concert@saui.ac.ug

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

FOR OFFICIAL USE ONLY

School Description

Application Fee

Course

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:	
Name and Address of School:	
Year of Examination:	Index No:

Subjects <small>(Provide Grade/Marks (out of 100), credit distribution, if a subject is not listed, indicate it in the subject provided)</small>	Results/Grade						Overall Grade
	Papers						
	1	2	3	4	5	6	

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:	WEST AFRICAN EXAMINATION COUNCIL, / NECO.
Name and Address of School:	P.M.B. 2206, FEDERAL SCIENCE COLLEGE SOKOTO, NIGERIA.
Year of Examination:	JUNE, - 2012
Index No:	4340901064 / 03677034FI

Subjects <small>(Provide Grade/Marks (out of 100), credit distribution, if a subject is not listed, indicate it in the subject provided)</small>					
Subject	Grade	Subject	Grade	Subject	Grade
ACCOUNTING		ENGLISH LITERATURE		MUSIC	
AGRICULTURE	B3	FINE ART		PHYSICS	C5
BIOLOGY	C5	FRENCH		RELIGIOUS EDUCATION	B3
CHEMISTRY	C5	GEOGRAPHY	B3	TECHNICAL DRAWING	
COMMERCE	C4	HISTORY			
ENGLISH LANGUAGE		MATHEMATICS	C6		

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	Full Time / Part Time / Distance

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:	SULEIMAN USMAN
Nationality:	NIGERIA
Occupation:	CIVIL SERVANT
Telephone No. <small>Include Area/Country code</small>	+2348067363641
Mobile No. <small>Include Area/Country code</small>	
Email:	

Mother	
Is Mother living?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Date Deceased _____)
Name:	BUKAYYAT MUHAMMAD
Nationality:	NIGERIA
Occupation:	CIVIL SERVANT
Telephone No. <small>Include Area/Country code</small>	
Mobile No. <small>Include Area/Country code</small>	
Email:	

Guardian	
Is Guardian living?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Date Deceased _____)
Name:	SULEIMAN USMAN
Nationality:	NIGERIA
Occupation:	CIVIL SERVANT
Telephone No. <small>Include Area/Country code</small>	+234 80 67363641
Mobile No. <small>Include Area/Country code</small>	
Email:	

PERSONAL STATEMENT

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

To save lives, and opportunity to help in develop Relationship with patients, and engage in their problems; and I can make a real difference to peoples, lives by helping to alleviate pain and suffering and its respected profession, there is a wide choice of careers - in fact there are over 60 specialties and there are opportunities to get involved with teaching Research and management.

REFERENCES

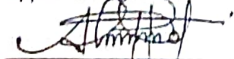
Please provide the name of a person who is aware of your academic or professional ability and can support your application by providing a reference. (N.B: Referee should not be related to you in anyway).

Name of Referee MUHAMMAD BELLO IBRAHIM	
Physical Address KAMPALA, UGANDA	
Address	Postcode
City / Town KAMPALA	Telephone No +256701092077
Mobile No. +256701720777	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 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: **11 - JUNE - 2018**





These are to request and require in the name of the President and Commander-in-Chief of the Armed Forces of the Federal Republic of Nigeria all those whom it may concern to allow the bearer to pass freely without let or hindrance and to afford him or her every assistance and protection of which he or she may stand in need.

A 09612418

PASSPORT
PASSEPORT

Holder's Signature / Signature du Titulaire

P<NGASULEIMAN<<AHMAD<AHMAD<<<<<<<<<<<<<<<<<<
A096124185NGA9406155M2308054<<<<<<<<<<<<<<<00