2017/MBChB/157

0021

This box for University use only

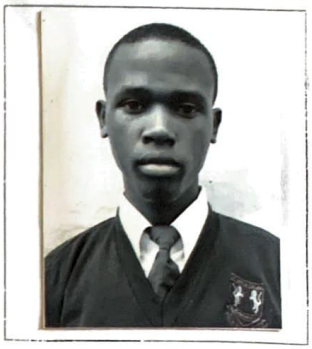
# Undergraduate
## Application Form 2017

ST. AUGUSTINE INTERNATIONAL UNIVERSITY

Bunga Hill Main Campus, P.O Box 28687, 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): | Last Name(s): ANTHONY |
| First Name: FURAHA | Date of Birth: (dd/mm/yyyy) 25/09/1995 |
| Gender: Male ☑ Female ☐ | Marital Status: Single ☑ Married ☐ Others(Specify) ☐ |
| Passport / ID No. | Nationality: UGANDAN Country of Birth: UGANDA |
| Country of Ordinary Residence: UGANDA | Occupation: |

Permanent Home Address (Physical Address): NYAKAHITA, RWENGOMA, RUHAAMA NTUNGAMO DISTRICT

Telephone No: 0772674208

Mobile No: 0750949874

Email: anthonyfuraha@gmail.com

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

1st Choice: BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (MBChB)

2nd Choice:

3rd Choice:

Please indicate how you heard about SAIU Programs: SINGA FOUNDATION FOR DEVELOPMENT NTUNGAMO — Website ☐ Newspaper ☐ Social media ☐ Friend ☐

Mode of fees payment: Per semester ☑ Per Year ☐ Entire program duration ☐

Proposed start date: January 2017 ☑ April 2017 ☐ August 2017 ☐

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 28687, Kampala, Uganda
Mobile: +256 705 444 540, +256 784290233
Email: [illegible]

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

## FOR OFFICIAL USE ONLY

School Decision: KC Scholarship

Application No.:

Course:

## PARENT/GUARDIAN INFORMATION

(Give details of Parents and Guardian where applicable)

**Father**

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

| | |
|---|---|
| Name: | BUSINGYE BENON |
| Nationality: | UGANDAN |
| Occupation: | PEASANT |
| Telephone No: Include Area/Country code | 0782843486 |
| Mobile No: Include Area/Country code | |
| Email: | |

**Mother**

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

| | |
|---|---|
| Name: | KEITUNBI JACKLINE |
| Nationality: | UGANDAN |
| Occupation: | PEASANT |
| Telephone No: Include Area/Country code | 0781825798 |
| Mobile No: Include Area/Country code | |
| Email: | |

**Guardian**

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

| | |
|---|---|
| Name: | SABITI EDWARD |
| Nationality: | UGANDAN |
| Occupation: | PEASANT |
| Telephone No: Include Area/Country code | 0782721350 |
| 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: | UGANDA NATIONAL EXAMINATION BOARD (UNEB) |
| Name and Address of School: | ST. MARY'S COLLEGE RUSHOROZA KABALE DISTRICT |
| Year of Examiination: 2016 | Index No. U0080/546 |

| Subjects (Include whether Principal (P) or Subsidiary (S)) | | Results/Grade: Papers | | | | | | Overall Grade |
|---|---|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 | 6 | |
| GENERAL PAPER | S | | | | | | | 6 |
| MATHEMATICS | P | 2 | 2 | | | | | A |
| CHEMISTRY | P | 5 | 5 | 3 | | | | D |
| BIOLOGY | P | 6 | 6 | 2 | | | | E |
| SUBSIDIARY COMPUTER | S | | | | | | | 4 |

### 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: | UGANDA NATIONAL EXAMINATION BOARD |
| Name and Address of School: | NTUNGAMO SECONDARY SCHOOL NTUNGAMO DISTRICT |
| Year of Examiination: 2014 | Index No. U1681/052 |

**Subjects**

| Subject | Grade | Subject | Grade | Subject | Grade |
|---|---|---|---|---|---|
| ACCOUNTING | | ENGLISH LITERATURE | | MUSIC | |
| AGRICULTURE | C4 | FINE ART | | PHYSICS | C4 |
| BIOLOGY | C4 | FRENCH | | RELIGIOUS EDUCATION | |
| CHEMISTRY | C3 | GEOGRAPHY | C5 | TECHNICAL DRAWING | |
| COMMERCE | D2 | HISTORY | D1 | KISWAHILI | D2 |
| ENGLISH LANGUAGE | D2 | MATHEMATICS | C3 | | |

### ANY OTHER ACADEMIC QUALIFICATIONS

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

| University / Institute / College | Qualifications Obtained | Date Obtained | FullTime / Part Time / Distance |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## PERSONAL STATEMENT

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

SINCE MY CHILDHOOD I HAVE ALWAYS MAINTAINED A PASSION FOR ATTAINMENT AND DEVELOPMENT OF A CAREER IN MEDICAL PRACTICE SO AS TO ENABLE ME TO BE RELEVANT AND USEFUL IN HELPING PEOPLE SUFFERING FROM THE BURDEN OF DISEASES AND ILL HEALTH.

LET ME HOPE MY APPLICATION WILL BE HANDLED IN MY FAVOUR SO THAT I CAN BEGIN THE JOURNEY OF FULFILLING MY DREAM

THANK YOU.

## REFERENCES

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

| | |
|---|---|
| Name of Referee: TUSHABE NELSON | |
| Physical Address: HEAD MASTER NTUNGAMO SECONDARY SCHOOL | |
| Address: NTUNGAMO TOWN | Postcode |
| City / Town: NTUNGAMO TOWN | Telephone No: 0752585713 |
| Mobile No: | 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: [signature]

Date: 1/03/2017

A 2051351

NOV/DEC 2016 U.A.C.E.

EXAMINATION FOR THE UGANDA ADVANCED CERTIFICATE OF EDUCATION

U0080/546

FURAHA ANTHONY
ST.MARY'S COLLEGE,RUSHOROZA
ENTRY CODE: 5

DATE OF BIRTH: 25/09/1995

| | |
|---|---|
| GENERAL PAPER | SUBSIDIARY PASS |
| MATHEMATICS | PRINCIPAL PASS |
| CHEMISTRY | PRINCIPAL PASS |
| BIOLOGY | PRINCIPAL PASS |
| SUBSIDIARY COMPUTER | SUBSIDIARY PASS |

*** U.A.C.E. RESULTINATION ***

*Please see overleaf*

| Subject Grades | Paper Grades | | | | | |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 6 | | | | | | |
| A | 2 | 2 | | | | |
| D | 5 | 5 | 3 | | | |
| E | 6 | 6 | 2 | | | |
| 4 | | | | | | |

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P 5159100

P.L.E. 2008

# RESULTS FOR THE PRIMARY LEAVING EXAMINATIONS

001064/011

FURAHA ANTHONY
ST.ANDREWS PRIMARY SCHOOL

BUSHENYI

| | | |
|---|---|---|
| ENGLISH | 4 | (FOUR) |
| BASIC SCIENCE & HEALTH EDUC. | 4 | (FOUR) |
| SOCIAL STUDIES | 4 | (FOUR) |
| MATHEMATICS | 6 | (SIX) |

GRADE AGGREGATE 18

*** RESULT 2 ***

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

1&0
(2428-2/08
(P.L.E.)

O 4056301

2014 U.C.E.

EXAMINATION FOR THE UGANDA CERTIFICATE OF EDUCATION

FURAHA ANTHONY (AGE 18) U1681/052 ENTRY CODE 1

NTUNGAMO SECONDARY SCHOOL P.O.BOX 175 NTUNGAMO

| | | | |
|---|---|---|---|
| 1 | ENGLISH | 2 | (TWO) |
| 2 | HISTORY | 1 | (ONE) |
| 2 | GEOGRAPHY | 5 | (FIVE) |
| 3 | LUGHA YA KISWAHILI | 2 | (TWO) |
| 4 | MATHEMATICS | 3 | (THREE) |
| 5 | AGRICULT PRINC & PRAC | 4 | (FOUR) |
| 5 | PHYSICS | 4 | (FOUR) |
| 5 | CHEMISTRY | 3 | (THREE) |
| 5 | BIOLOGY | 4 | (FOUR) |
| 8 | COMMERCE | 2 | (TWO) |

GRADE AGGREGATE 21 *** RESULT 1 ***

1.

*Please see overleaf*

Kalamazoo 40302270

0021

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# Undergraduate
## Application Form 2017

**ST. AUGUSTINE INTERNATIONAL UNIVERSITY**

Bunga Hill Main Campus, P.O Box 25687, 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): | Last Name(s): ANTHONY |
| First Name: FURAHA | Date of Birth: (dd/mm/yyyy) |
| Gender: Male ☑ Female ☐ | Marital Status: Single ☑ Married ☐ Others(Specify) ☐ |
| Passport / ID No. | Nationality: UGANDAN Country of Birth: UGANDA |
| Country of Ordinary Residence: UGANDA | Occupation: |

Permanent Home Address (Physical Address): NYAKAHITA, RWENGOMA, RUHAAMA NTUNGAMO DISTRICT

Telephone No: 0772674208

Mobile No: 0750949874

Email: anthonyfuraha@gmail.com

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

1st Choice: BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (MBChB)

2nd Choice:

3rd Choice:

Please indicate how you heard about SAIU Programs: Website ☐ Newspaper ☐ Social media ☐ Friend ☐
SINGA FOUNDATION FOR DEVELOPMENT NTUNGAMO

Mode of fees payment: Per semester ☑ Per Year ☐ Entire program duration ☐

Proposed start date: January 2017 ☑ April 2017 ☐ August 2017 ☐

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**Undergraduate Applications**
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**St Augustine International University**
Bunga Hill Main Campus, P.O. Box 25687, Kampala Uganda
Mobile: +256 705 444 540 +256 784290233
Email: admissions@saiu.ac.ug

Visit our website: www.saiu.ac.ug

### FOR OFFICIAL USE ONLY

School Decision

Application No.

Signature

## PARENT/GUARDIAN INFORMATION

(Give details of Parents and Guardian where applicable)

**Father**

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

| | |
|---|---|
| Name: | BUSINGYE BENON |
| Nationality: | UGANDAN |
| Occupation: | PEASANT |
| Telephone No: | 0782843486 |
| Mobile No: | |
| Email: | |

**Mother**

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

| | |
|---|---|
| Name: | KEITUNRI JACKLINE |
| Nationality: | UGANDAN |
| Occupation: | PEASANT |
| Telephone No: | 0781825798 |
| Mobile No: | |
| Email: | |

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

| | |
|---|---|
| Name: | SABITI EDWARD |
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| Mobile No: | |
| Email: | |

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| Year of Examiination: 2016 | Index No. U0080/546 |

| Subjects | | Results/Grade | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Papers | | | | | | Overall Grade |
| | | 1 | 2 | 3 | 4 | 5 | 6 | |
| GENERAL PAPER | S | | | | | | | 6 |
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| Year of Examiination: 2014 | Index No. U1651/052 |

**Subjects**

| Subject | Grade | Subject | Grade | Subject | Grade |
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| ACCOUNTING | | ENGLISH LITERATURE | | MUSIC | |
| AGRICULTURE | C4 | FINE ART | | PHYSICS | C4 |
| BIOLOGY | C4 | FRENCH | | RELIGIOUS EDUCATION | |
| CHEMISTRY | C3 | GEOGRAPHY | C5 | TECHNICAL DRAWING | |
| COMMERCE | D2 | HISTORY | D1 | KISWAHILI | D2 |
| ENGLISH LANGUAGE | D2 | MATHEMATICS | C3 | | |

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|---|---|---|---|
| | | | |
| | | | |
| | | | |

## PERSONAL STATEMENT

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LET ME HOPE MY APPLICATION WILL BE HANDLED IN MY FAVOUR SO THAT I CAN BEGIN THE JOURNEY OF FULFILLING MY DREAM

THANK YOU.

## REFERENCES

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

| | | | |
|---|---|---|---|
| Name of Referee | TUSHABE NELSON | | |
| Physical Address | HEAD MASTER NTUNGAMO SECONDARY SCHOOL | | |
| Address | NTUNGAMO TOWN | Postcode | |
| City / Town | NTUNGAMO TOWN | Telephone No | 0752555713 |
| Mobile No: | | 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: 1/03/2017

A 2051351

NOV/DEC 2016 U.A.C.E.

EXAMINATION FOR THE UGANDA ADVANCED CERTIFICATE OF EDUCATION

FURAHA ANTHONY U0080/546

ST.MARY'S COLLEGE,RUSHOROZA

ENTRY CODE: 5 DATE OF BIRTH: 25/09/1995

| | | |
|---|---|---|
| GENERAL PAPER | SUBSIDIARY PASS | 6 |
| MATHEMATICS | PRINCIPAL PASS | A |
| CHEMISTRY | PRINCIPAL PASS | D |
| BIOLOGY | PRINCIPAL PASS | E |
| SUBSIDIARY COMPUTER | SUBSIDIARY PASS | 4 |

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

Please see overleaf

| Subject Grades | Paper Grades 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| | | | | | | |
| | 2 | 2 | | | | |
| | 5 | 5 | 3 | | | |
| | 6 | 6 | 2 | | | |
| | | | | | | |

1.

O 4056301

2014 U.C.E.

EXAMINATION FOR THE UGANDA CERTIFICATE OF EDUCATION

FURAHA ANTHONY (AGE 18) U1681/052 ENTRY CODE 1
NTUNGAMO SECONDARY SCHOOL P.O.BOX 175 NTUNGAMO

| | | |
|---|---|---|
| 1 | ENGLISH | 2 (TWO) |
| 2 | HISTORY | 1 (ONE) |
| 2 | GEOGRAPHY | 5 (FIVE) |
| 3 | LUGHA YA KISWAHILI | 2 (TWO) |
| 4 | MATHEMATICS | 3 (THREE) |
| 5 | AGRICULT PRINC & PRAC | 4 (FOUR) |
| 5 | PHYSICS | 4 (FOUR) |
| 5 | CHEMISTRY | 3 (THREE) |
| 5 | BIOLOGY | 4 (FOUR) |
| 8 | COMMERCE | 2 (TWO) |

GRADE AGGREGATE 21 *** RESULT 1 ***

1.

Please see overleaf

P 5159100

P.L.E. 2008

## RESULTS FOR THE PRIMARY LEAVING EXAMINATIONS

001064/011

FURAHA ANTHONY
ST.ANDREWS PRIMARY SCHOOL BUSHENYI

| | | |
|---|---|---|
| ENGLISH | 4 | (FOUR) |
| BASIC SCIENCE & HEALTH EDUC. | 4 | (FOUR) |
| SOCIAL STUDIES | 4 | (FOUR) |
| MATHEMATICS | 6 | (SIX) |

*** RESULT 2 *** GRADE AGGREGATE 18

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

S&O 67478 - 2/08 (P.L.E.)

This is to certify that

FURAHA ANTHONY

is a Student of

**ST. MARY'S COLLEGE**

**RUSHOROZA**

P.O. BOX 135, Kabale - Uganda

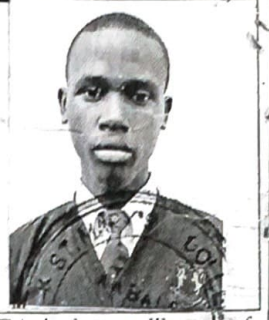
Senior 5 Date 2015

Headmaster

Senior 6 SC Date 2/6/2016

Headmaster

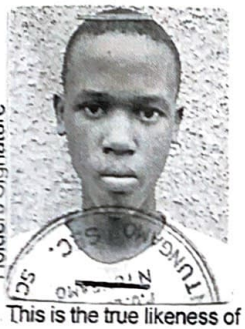
No. 07155



This is the true likeness of

FURAHA ANTHONY

Headmaster's Signature



Holder's Signature

This is the true likeness of

M/ FURAHA ANTHONY

a Student in Senior ONE at

NTUNGAMO SECONDARY SCHOOL

P.O. BOX 175, NTUNGAMO

Date of Issue 27-5-2011

Headmaster

**RENEWALS**

Senior TWO Date 21.3.2012

Headmaster

Senior THREE Date 19.3.2013

Headmaster

Senior four Date 18.3.2014

Headmaster

This is to certify that

FURAHA

ANTHONY

is a registered candidate

for **PLE 2008**

FURAHA ANTHONY

Holder's Signature

The above photograph is of

FURAHA ANTHONY

INDEX No: 001064/011

SCHOOL: ST. ANDREW'S KIBOMA

Headmaster

THE REPUBLIC OF UGANDA

REG NO. 1219

# RUHAMA SUB-COUNTY

**P.O. BOX 1, NTUNGAMO**

## BIRTH CERTIFICATE

Surname FURAHA

Other Names ANTHONY

Date of Birth 25/09/1995 Sex MALE

District NTUNGAMO County RUHAAMA

Gombolola / Town RUHAAMA Parish/ Ward RWENGOMA

Name of Father BUSINGYE BENON Village/Cell NYAKAHITA

Nationality UGANDAN

Name of Mother KETUMBI JACKLINE

Nationality UGANDAN

Issued on this 07th day of JANUARY 2017

SENIOR ASSISTANT SECRETARY
RUHAAMA S/COUNTY
P.O. BOX 01 NTUNGAMO

Register of Births