

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

Wednesday **30th** August, 2017

Dear: ASIIMWE IGNATIUS

RE: OFFER LETTER FOR AUGUST 2017 INTAKE IN YEAR 1 SEMESTER 1

PARTIAL SCHOLARSHIP FOR THE KING CEASOR DEVELOPMENT KINGDOM SCHOLARSHIP SCHEME

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 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 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 **4th SEPTEMBER, 2017** by payment of the tuition and functional 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 August 2017 intake. **The academic year started on 14th August, 2017.** 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 2017/2018 are **United States Dollars Five Hundred (\$500)** 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



Dr. Annabella Habinka Basaza Ejiri
Academic Registrar



Dr. Annabella Habinka Ejiri, Academic Registrar,
St. Augustine International University, Plot 31 Bunga Hill, P.O Box 88
Kampala, Uganda; Tel: +256 (0) 752 552 557, +256 (0) 772 571 444
Email: ar@saiu.ac.ug Web: <http://www.saiu.ac.ug>

**ST.AUGUSTINE
INTERNATIONAL UNIVERSITY**

"Moral Rearmament, Wealth Multiplication"



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

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.

Applicant: Asiimwe Ignatius

Mob: =256 782 948 473

Email: _____

Former School: ignatiusasiimwe@gmail.com

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
- To behave in a responsible way on and off campus

PERSONAL OBJECTIVE

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

College: Medicine, Health and Life Sciences

Student Name: Asiimwe Ignatius

Academic Year 2017/2017 Year.: 1

Semester 1

Date: 30/8/2017

Form No.

Invoice Number: 0251

Receipt No.

Application No.

Invoice to: Asiimwe Ignatius

Programme: MBChB

Particulars	Amount (USD)	Amount Total (USD)
Tuition Fee	King C Scholarship	\$500P/Sem
SAIU Scholarship		
Functional Fees		
Application Fee		
Other (s)		

Payment terms: \$500

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

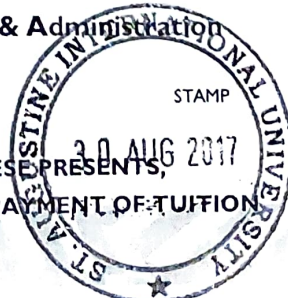
Academic Registrar

SIGNED IN THE PRESENCE OF: _____

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

DVC – Finance, Marketing & Administration

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





ST. AUGUSTINE INTERNATIONAL UNIVERSITY

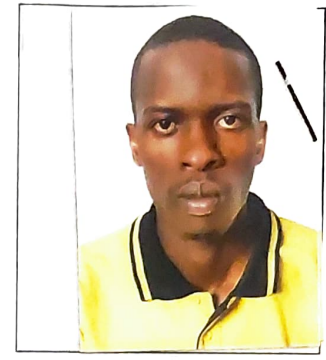
Bunga Hill Main Campus, P.O. Box 26687, Kampala, Uganda
Mobile: +256 705 444 540, +256 784290233
Email: admissions@saiu.ac.ug Website: www.saiu.ac.ug

Undergraduate Application Form 2017

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

PERSONAL INFORMATION

Title (Dr/Mr/Ms/Mrs/Rev):		Last Name(s): IGNATIUS	
First Name: ASIMWE		Date of Birth: (dd/mm/yyyy) 9/10/1993	
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.	Nationality: UGANDAN	Country of Birth: UGANDA	
Country of Ordinary Residence: UGANDA	Occupation: STUDENT	Religion: CATHOLIC	



Permanent Home Address (Physical Address)

**NYAMPIKE II, KUYORO WARD, KABUYANDA TOWN COUNCIL
ISINGIRO DISTRICT**

Telephone No: **0782948473**

Mobile No: **0782948473**

Email: **Ignatiusasimwe@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**

2nd Choice: **BACHELORS IN CLINICAL NUTRITION**

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 January 2017 ☐ April 2017 ☐ August 2017 ☒

FOR OFFICIAL USE ONLY

School Decision

Application No.

Course

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 26687, 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

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 _____) dd/mm/yyyy
Name:	Mr. NGABIRANO CHRISTOPHER
Nationality:	UGANDAN
Occupation:	DRIVER
Telephone No:	
Include Area/Country code	0772392164, 0706226517
Mobile No:	
Include Area/Country code	0772392164
Email:	

Mother	
Is Mother living?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Date Deceased _____) dd/mm/yyyy
Name:	Mrs. NAKACWA ROSSETIE
Nationality:	UGANDAN
Occupation:	PEASANT
Telephone No:	
Include Area/Country code	0782495640
Mobile No:	
Include Area/Country code	0782495640
Email:	

Guardian	
Is Guardian living?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Date Deceased _____) dd/mm/yyyy
Name:	
Nationality:	
Occupation:	
Telephone No:	
Include Area/Country code	
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: <u>UGANDA NATIONAL EXAMINATIONS BOARD</u>	
Name and Address of School: <u>VALLEY COLLEGE BUSHENYI</u>	
Year of Examination: <u>2015</u>	Index No. <u>U0938/595</u>

Subjects <small>(include whether Principal (P) or Subsidiary (S))</small>	Results/Grade						Overall Grade
	Papers						
	1	2	3	4	5	6	
<u>General paper (T)</u>							
<u>BIOLOGY (P)</u>	<u>5</u>	<u>7</u>	<u>5</u>				<u>E</u>
<u>CHEMISTRY (P)</u>	<u>6</u>	<u>5</u>	<u>4</u>				<u>D</u>
<u>MATHEMATICS</u>	<u>7</u>	<u>8</u>					<u>C</u>
<u>COMPUTER STUDIES (S)</u>	<u>5</u>						

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: <u>UGANDA NATIONAL EXAMINATIONS BOARD</u>	
Name and Address of School: <u>KATATUMBA ACADEMY, RWAMPALA MBARARA</u>	
Year of Examination: <u>2011</u>	Index No. <u>U0662/003</u>

Subjects <small>Provide 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		MUSIC	
AGRICULTURE		FINE ART	<u>3</u>	PHYSICS	<u>C</u>
BIOLOGY	<u>3</u>	FRENCH		RELIGIOUS EDUCATION	
CHEMISTRY	<u>5</u>	GEOGRAPHY	<u>4</u>	TECHNICAL DRAWING	
COMMERCE		HISTORY	<u>5</u>		
ENGLISH LANGUAGE	<u>4</u>	MATHEMATICS	<u>3</u>		

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)

As a resident of Isingiro South (Kabungula), we have always experienced shortage of medical officers at our health centre IV. This has increased on the money mothers in labour spend on travelling to Mbarara Regional Referral Hospital for help, yet most people in our region are not for that reason financially stable.
For that reason therefore, I wish to do B.Medicine and Surgery in order to help my people in future if am successful.

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	
Mr. Byamugisha Emmanuel	
Physical Address	
Nyimpikye II, Kisiyo ward, Kabungula T/C, Isingiro District	
Address	Postcode
Mbarara	
City / Town	Telephone No
Mbarara	
Mobile No:	Fax
0705942757	
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:

25/08/2017



UACE STATEMENT OF RESULTS 2015

This is to certify that.....ASIMWE IGNA TIUS.....Index No
UO938/ 555.....was a student of this school.

He/she sat for **UACE** in 2015 and obtained the following scores.

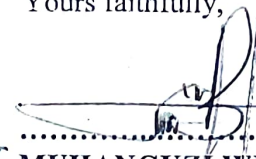
S101	General Paper	(<u>7</u>)
P220	Economics	(<u>4</u> , <u>4</u>)
P230	Entrepreneurship	(<u>4</u> , <u>4</u> , <u>4</u>)
P250	Geography	(<u>4</u> , <u>4</u> , <u>4</u>)
P425	Mathematics	(<u>7</u> , <u>8</u>)	<u>0</u>
S475	Sub math	(<u>4</u>)
P510	Physics	(<u>4</u> , <u>4</u> , <u>4</u>)
P515	Agriculture	(<u>4</u> , <u>4</u> , <u>4</u>)
P525	Chemistry	(<u>6</u> , <u>5</u> , <u>4</u>)	<u>D</u>
P530	Biology	(<u>5</u> , <u>7</u> , <u>5</u>)	<u>E</u>
P615	Fine Art	(<u>4</u> , <u>4</u> , <u>4</u> , <u>4</u>)
S850	Computer Studies	(<u>5</u>)

PRINCIPAL PASSES:

POINTS: 07 (seven)

RESULTS: 5.....

Yours faithfully,


MUHANGUZI WILLIAM
 HEADTEACHER P. O. Box 44, Eushenyi

O 3052398



2011 U.C.E.

EXAMINATION FOR THE UGANDA CERTIFICATE OF EDUCATION

ASIIMWE IGNATIUS
KATATUMBA ACADEMY

(AGE 19) U0662/003 ENTRY CODE 1
P.O. BOX 429 MBARARA

1	ENGLISH	4	(FOUR)
2	HISTORY	5	(FIVE)
2	GEOGRAPHY	4	(FOUR)
4	MATHEMATICS	3	(THREE)
5	PHYSICS	6	(SIX)
5	CHEMISTRY	5	(FIVE)
5	BIOLOGY	3	(THREE)
6	ART	3	(THREE)
8	COMPUTER STUDIES	7	(SEVEN)

GRADE AGGREGATE 33

*** RESULT 2 ***

1.

S 40
9326.06 - 9/11
(U.C.E.)

Please see overleaf

P 4796871



RESULTS FOR THE PRIMARY LEAVING EXAMINATIONS

ASIIMWE IGNATIUS
KABUYANDA PRIMARY SCHOOL

ISINGIRO

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

*** RESULT 1 ***

GRADE AGGREGATE 11

P.L.E.

N2007

006888/007

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

5 & 0
68825-9/07
(P.L.E.)

This is to certify that

Is a student of
VALLEY COLLEGE
P.O. Box 44, BUSHENYI

Date of issue 02/08/15

Renewed on

..... Headteacher

Renewed on

..... Headteacher

Renewed on

..... Headteacher

Renewed on

..... Headteacher

7493



Admin No.

DEPT. HEADTEACHER
VALLEY COLLEGE
P.O. Box 44 BUSHENYI
Date:

I Certify that the above photograph is of
SHIMWE IGNATIUS

who is a student of
VALLEY COLLEGE

Signature of Holder



Headteacher

Date: 03/08/15



THE PARLIAMENT OF UGANDA

Parliament House, P. O. Box 7178, Kampala, Uganda.
Telephone: 0414-377000/377180/377181/377182 Facsimile: 0414-342364
Plot Nos. 16 - 18 Parliament Avenue

In any correspondence on
this subject please quote No. **MP529**.....

30th August, 2017

H. E King Ceasor
St. Augustine International University
KAMPALA

RE: SCHOLARSHIP FOR MR. ASIIMWE IGNATIUS

This serves to introduce to you the above named student who hails from Kabuyanda, Isingiro South. Mr. Asimwe Ignatius has applied for a scholarship from St. Augustine International University to peruse Medicine and Surgery.

He is from a very poor family that hardly can make a humble contribution of 500 dollars. It is against this background that I appeal to you personally to come to the rescue of this young, very intelligent and focused student.

I strongly and humbly appeal to you for your kind support.

Sincerely,

Byarugaba Alex Bakunda
MP Isingiro South