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This box is for University use only

Undergraduate Application Form . Academic Year

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

PERSONAL INFORMATION

Title(Dr/Mr/Ms/Mrs/Rev):		Last Name(s): <u>ROSE</u>	
First Name: <u>SURUMGBIA</u>		Date of Birth (DD/mm/yyyy) <u>04/02/1976</u>	
Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Marital Status: Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Others (Specify) <input type="checkbox"/>		
Passport/ID No..	Nationality <u>UGANDAN</u>	Country of Birth: <u>UGANDA</u>	
Country of Ordinary Residence: <u>UGANDA</u>	Occupation: <u>MCD</u>	Religion: <u>CATHOLIC</u>	



Permanent Home Address
(Physical Address)

NAMYOOYA
MISINDYE WARD
GOMA DIVISION
MUKONO MUNICIPALITY
MUKONO - UG.

Telephone No: 0782367064

Mobile No:

Email: ijja.regina@yahoo.com

Date of Application: 04/08/2017

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

1st Choice:

2nd Choice:

3rd Choice:

Please indicate how you heard about KCU Program

Website ☐

Newspaper ☐

Social Media ☐

Friend ☐

Mode of fees payment

Per semester ☐

Per Year ☐

Entire Program duration ☐

Proposed start date

January 2020 ☐

April 2020 ☐

August 2020 ☐

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

Undergraduate Applications
 Office of the Registrar
 King Ceasor University
 Bunga Hill Main Campus, P.O. Box 88, Kampala, Uganda
 Mobile: +256 444 540, +256 772 571 312
 Email: admissions@kcu.as.ug, info@kcu.ac.ug, contact@kcu.ac.ug

For further information please visit www.kcu.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? ☐ Yes ☒ No (Date Deceased 29th 09/2013)

Name: TABBI LIANDUM

Nationality: UGANDAN

Occupation: ACCOUNTANT

Telephone No:
Include Area/Country code 0772993589

Mobile No:
Include Area/Country code -

Email: -

Mother

Is Mother living? ☒ Yes ☐ No (Date Deceased NA)

Name: LITA REGINA

Nationality: SOUTH SUDANESE

Occupation: HOUSE WIFE

Telephone No:
Include Area/Country code 0772993589

Mobile No:
Include Area/Country code -

Email: -

Guardian

Is Guardian living? ☒ Yes ☐ No (Date Deceased -)

Name: ODONG TONNY VILLY

Nationality: UGANDAN

Occupation: ACCOUNTANT

Telephone No:
Include Area/Country code 070802779

Mobile No:
Include Area/Country code 0708027790

Email: villy-odong@yahoo.co.uk

PREVIOUS EDUCATION

SECONDARY SCHOOL LEAVING EXAMINATION

UGANDA ADVANCED CERTIFICATE OF EDUCATION (UACE) OR EQUIVALENT
Certified photocopies of results certificates must be attached to this application form.

Examining Authority: UGANDA ADVANCED CERTIFICATE OF EDUCATION

Name and Address of School: EDDIE GIRLS SEC. SCHOOL
P.O. BOX 143 ARUA

Year of Examination: 1997

Index No. U0453 532

Subjects	Results/Grade						
	Papers						Overall Grade
	1	2	3	4	5	6	
PHYSICS							SUBSIDIARY
BIOLOGY							SUBSIDIARY
GENERAL PAPER							SUBSIDIARY

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 CERTIFICATE OF EDUCATION

Name and Address of School: MONSIEUR BALAS BOX 38,
PAKEL - ADJUMANI

Year of Examination: 1994

Index No. U0240 163

Subjects					
Provide Grade/Marks(not)pass, credit, Distinction) If a subject is not listed, include it in the spaces provided					
Subjects	Grade	Subject	Grade	Subject	
ACCOUNTING	<u>8</u>	ENGLISH LITERATURE	<u>6</u>	MUSIC	
AGRICULTURE		FINE ART		PHYSICS	<u>5</u>
BIOLOGY	<u>6</u>	FRENCH		RELIGIOUS EDUCATION	<u>6</u>
CHEMISTRY	<u>6</u>	GEOGRAPHY	<u>7</u>	TECHNICAL DRAWING	
COMMERCE	<u>5</u>	HISTORY			
ENGLISH LANGUAGE	<u>6</u>	MATHEMATICS	<u>8</u>		

ANY OTHER ACADEMIC QUALIFICATIONS

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

University/Institute / College	Qualifications Obtained (If any)		
<u>1 INTERNATIONAL HEALTH SCIENCES UNIVERSITY</u>	<u>DIPLOMA IN CLINICAL MEDICINE AND COMMUNITY HEALTH</u>		
<u>2 MULAGO SCHOOL OF NURSING AND MIDWIFERY</u>	<u>NURSING OFFICER MIDWIFERY</u>		

PERSONAL STATEMENT

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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	
MobileNo:	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 King Ceasor 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:

Signature

04/08/2017



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

Thursday 24th August, 2017

REGISTRATION NO: 2017AG/MBChB/1099

Dear: SURUMGBIA ROSE

ADMISSION FOR AUGUST INTAKE 2017/2018 YEAR 1 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: Monday 14th AUGUST, 2017

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 and 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.

24 AUG 2017

[Handwritten signature]

Yours Sincerely

24 AUG 2017


.....
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.



INTERNATIONAL HEALTH SCIENCES UNIVERSITY

It is hereby certified that

SURUMBIA Rose

was awarded the diploma in

Clinical Medicine and Community Health

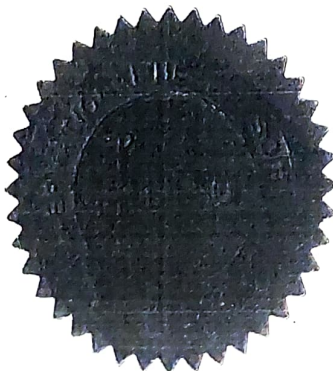
by

International Health Sciences University

on the seventeenth day of December 2016


Dr. Rose CLARKE Nanyonga
Ag. Vice Chancellor


Ms. Evelyn G. AYOT
Registrar



Academic Transcript

NAME	SURUMBIGIA Rose	DATE OF BIRTH	4 February, 1976
PROGRAMME OF STUDY	DIPLOMA	REGISTRATION NUMBER	2013-DCM-FT-036
YEAR OF ENTRY TO PROGRAMME	2013	DIPLOMA AWARDED	Diploma Clinical Medicine & Community Health

YEAR I	CU	GP	YEAR II	CU	GP	YEAR III	CU	GP
SEMESTER I								
Anatomy I	5.00	5.0	Health Services Management	2.00	4.5	Demography	2.00	3.5
Physiology I	5.00	2.5	Gender Issues in Health Care	2.00	4.0	Medicine I	6.00	3.0
Principles of Nursing I	4.00	4.5	Research Methodology	3.00	3.5	Surgery I	6.00	3.5
First Aid & Emergencies	3.00	4.0	Pathology I	4.00	2.0	Paediatrics & Child Health I	6.00	3.5
Communication & Counseling Skills	3.00	4.0	Microbiology I	5.00	2.0	Obstetrics & Gynaecology I	6.00	3.5
Medical Psychology I	3.00	4.0	Pharmacology & Therapeutics I	5.00	2.5	Biostatistics	2.00	2.0
Ethics & Integrity for Health Professionals	2.00	4.0	Psychiatry I	4.00	3.5	Epidemiology	2.00	3.5
Computer Skills	3.00	3.5	Ophthalmology	3.00	2.5			
English & Scientific Writing	2.00	4.0	Environmental Health	2.00	3.5			
			Maternal Child Health & Reproductive Health	2.00	4.5			
SEMESTER II								
Anatomy II	5.00	2.5	Ear, Nose & Throat	3.00	3.0	SEMESTER II		
Physiology II	5.00	3.5	Pathology II	4.00	2.0	Medicine II	6.00	2.5
Medical Sociology	2.00	4.5	Microbiology II	5.00	3.0	Obstetrics & Gynaecology II	6.00	4.0
Medical Psychology II	3.00	3.5	Pharmacology & Therapeutics II	5.00	2.0	Paediatrics & Child Health II	6.00	4.0
Primary Health Care	2.00	4.5	Psychiatry II	4.00	2.0	Research Project Report	4.00	3.5
Principles of Nursing II	4.00	4.5	Entrepreneurship & Innovation	2.00	2.5			
Nutrition Education	2.00	4.5	Dermatology	3.00	3.5			
Health Education	2.00	5.0	Dental Health	3.00	4.0			
English Communication	2.00	PASS						
GPA		3.88	GPA		2.94	GPA		3.33

Research Project Report: Utilization of Partograph Among Maternity Caregivers in Mubende District

CGPA: 3.38

(59.25%)

Date of Issue: 17th December, 2016

Dr Okiria John Charles (PhD)

Dean

Institute of Allied Health Sciences

Ms Evelyn Okagere Ayot

Registrar

Transcript Number: B16120031

KEY TO GRADES

MARKS (Percentage)	LETTER GRADE	GRADE POINTS
80 - 100	A	5.0
75 - 79.9	B+	4.5
70 - 74.9	B	4.0
65 - 69.9	C+	3.5
60 - 64.9	C	3.0
55 - 59.9	D+	2.5
50 - 54.9	D	2.0
0 - 49	F	0

The course pass grade is 2.0

CLASSIFICATION OF DIPLOMAS

Undergraduate Medical Diploma are not classified



THE REPUBLIC OF UGANDA

THE UGANDA NURSES AND MIDWIVES ACT, 1996

(No. 19 OF 1996)

AND

THE NURSES AND MIDWIVES RULES, 1996

Certificate of Registration

No. 3907.....

Date 08th April, 2003.

THIS IS TO CERTIFY that **Surungibia, Rose**

of **Adjumani, Mureya, Uganda**

has been registered as **a Nurse**



Chairman

Registrar



In any correspondence on
this subject please quote No.

24 JAN 2003
2003



THE UGANDA NURSES
AND MIDWIVES COUNCIL
P.O. BOX 4060,
TEL: 256-41-245679
FAX: 256-41-245884

Mr/Mrs/Ms. SURUMGBIA ROSE
MULAGO HOSPITAL

Dear Sir/Madam,

I have much pleasure in informing you that you have been successful in the recent final
Council's Examinations for Student Registered Midwives Held in Nov 2002

SUBJECT	AWARD
1. Midwifery	PASS
2. Mothercraft & Mental Health	CREDIT
3. Practical and Oral	PASS

You should now make application on the attached form to the Registrar for your name to
be **registered** on the appropriate part of the Register maintained by the Uganda Nurses
and Midwives Council, **within three months from the date of qualification**. Failure
to comply with the above, will result in 50% surcharge.

Your application should be accompanied by a fee of 31,500= for registration for Ugandans
and US \$25 for non-Ugandans and three passport photographs (black and white) of which
one will be affixed on your Certificate.

All Communications should be addressed to the Registrar.

Examination No. 74

Yours faithfully,



REGISTRAR - UGANDA NURSES AND MIDWIVES COUNCIL

UGANDA NURSES AND MIDWIVES COUNCIL

Tel: 251862

P.O.Box 4046
Kampala-Uganda

CASH RECEIPT

No. 153

Date: 7/4/03

Serial No.

Received with thanks from Ms. SURUGUBIA ROSE

The sum of shillings Twenty five thousand only

Description of payment Registration fee

Account No.

Value in figures: 25,000/-



Signature of Receiving Officer:

Name Rebecca K.

Uganda National Examinations Board



This is to certify that the candidate named below sat for the Examination for the Uganda Certificate of Education and qualified for the award of a

Uganda Certificate of Education

DIVISION III

THE CANDIDATE REACHED THE GRADE SHOWN IN THE SUBJECTS NAMED.

SURUMBGIA ROSE

U0240 163

MONSIGNOR BALA S S BOX 38 PEKELE-AJUMANI

	GRADE
ENGLISH LANGUAGE	6
CHRISTIAN REL. EDC.	6
GEOGRAPHY	7
MATHEMATICS	8
PHYSICS	5
CHEMISTRY	6
BIOLOGY	6
COMMERCE	5
PRINCIPLES OF ACCTS.	8

SUBJECTS NAMED NINE

SUBJECTS PASSED NINE

EXAMINATION OF NOVEMBER/DECEMBER 1994

Secretary

Uganda National Examinations Board

Chairman

Uganda National Examinations Board

U 450332

(See overleaf)

Uganda National Examinations Board



This is to certify that the candidate named below sat for the Examination for the Uganda Advanced Certificate of Education and qualified for the award of a

Uganda Advanced Certificate of Education

The candidate passed at the level shown (Principal or Subsidiary) in the subject(s) named and attained the Grades(s) as indicated.

SURUMBAGIA ROSE

U7453 532

EDIOFE GIRLS' SEC. SCHOOL, BOX 143 ARUA

GENERAL PAPER
PHYSICS
BIOLOGY

U.A.C.E.	GRADE
STANDARD	
SUBSIDIARY	
SUBSIDIARY	
SUBSIDIARY	

SUBJECTS RECORDED THREE

EXAMINATION OF MARCH 1997

Secretary

Uganda National Examinations Board

Chairman

Uganda National Examinations Board

A 235851

(See overleaf)