



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

22nd August 2017

Dear: DAPOET NAANEP TANGAME

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

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 **28th AUGUST** 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 Two thousand (\$2000)** per semester, **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. 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>



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"Moral Rearmament, Wealth Multiplication"
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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"

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: Dapoet Naanep Tangame

Mob: 0700699560

Email: dapoetnaanep@gmail.com

Former School: Bethany Christian Academy Jos Nigeria

Signature: Dapoet

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



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 and Life Sciences

Student Name: Dapoet Naanep Tangame

Academic Year 2017/2018 Year: 1

Semester 1

Date: 22/8/2017

Form No.

Invoice Number: 0235

Receipt No.

Application No.

Invoice to:

Programme: Bachelor of Medicine and Bachelor of Surgery

Particulars	Amount (USD)	Amount Total (USD)
Tuition Fee		\$2000
SAIU Scholarship		
Functional Fees		\$150
Application Fee		\$21
Other (s)		
Payment terms:		\$2171

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:

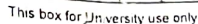
Prof. Luvina Arun +256 757 234 814 luvina700@gmail.com

DVC – Finance, Marketing & Administration

STAMP

22 AUG 2017

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

Please attach a recent
Passport photograph

PERSONAL INFORMATION

Title (Dr/Mr/Ms/Mrs/Rev): MISS		Last Name(s): LAPDET TANGAME	
First Name: NAANEP		Date of Birth: (dd/mm/yyyy)	
Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Marital Status: Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Others (Specify below) <input type="checkbox"/>		
Passport / ID No.		Nationality: NIGERIAN	Country of Birth: NIGERIA
Country of Ordinary Residence: UGANDA		Occupation:	Religion:

Please attach a recent
Passport photograph

Permanent Home Address
(Physical Address)

NO 2 VICTORY LANE BUKURU BYEPASS
IOS, PLATEAU STATE, NIGERIA.

Telephone No:

Mobile No:

0700699560

Email:

beatya40@gmail.com

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

Name: TANGAME ARSUN SAPDET

Nationality: NIGERIAN

Occupation: BANKER

Telephone No: +2348037051101
Include Area/Country code

Mobile No: +2348037051101
Include Area/Country code

Email: tangarsun@yahoo.com

Mother

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

Name: BEATRICE TANGAME SAPDET

Nationality: NIGERIAN

Occupation: DIPLOMAT

Telephone No: _____
Include Area/Country code

Mobile No: +256700699560
Include Area/Country code

Email: beatya40@gmail.com

Guardian

Is Guardian living? ☒ Yes ☐ 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>WEST AFRICAN EXAMINATION COUNCIL</u>	
Name and Address of School: <u>BETHANY CHRISTIAN ACADEMY BARKIN LADI JOS PL/STATE NIGERIA</u>	
Year of Examination: <u>MAY/JUNE 2017</u>	Index No. <u>4320107/014</u>

Subjects Include whether Principal (P) or Subsidiary (S)		Results/Grade							Overall Grade
		Papers							
CHEMISTRY	C5	1	2	3	4	5	6	C5	
BIOLOGY	C6							C6	
PHYSICS	C6							C6	
MATHS								C6	
MATHS	ST							ST	

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>JUNIOR WAEC PL/STATE BASIC EDUCATION CERTIFICATE</u>	
Name and Address of School: <u>BETHANY CHRISTIAN ACADEMY BARKIN LADI JOS PLATEAU STATE NIGERIA</u>	
Year of Examination:	Index No.

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		PHYSICS	
BIOLOGY		FRENCH		RELIGIOUS EDUCATION	
CHEMISTRY		GEOGRAPHY		TECHNICAL DRAWING	
COMMERCE		HISTORY			
ENGLISH LANGUAGE	<u>A</u>	MATHEMATICS	<u>P</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

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
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.



Bethany Christian Academy Barkin Ladi

Km2 Bokkos Road,
P. O. Box 189, Barkin Ladi, Plateau State, Nigeria.

Our Ref: _____ Your Ref: _____

STATEMENT OF RESULT

BASIC EDUCATION CERTIFICATE EXAMINATION (BECE)

This is to Certify that:

DAPOET, NAANEP TANGAME

Completed his/her three years Junior Secondary School Course which terminated with National Examination Council (NECO), in June 2014 and obtained the following results:

CANDIDATE'S EXAM. No. 96583591GB

SCHOOL CODE No. 0261167

S.NO.	SUBJECT	GRADE	GRADE INTERPRETATION
1.	ENGLISH LANGUAGE	C	CREDIT
2.	MATHEMATICS	C	CREDIT
3.	FRENCH	C	CREDIT
4.	BUSINESS STUDIES	C	CREDIT
5.	HOME ECONOMICS	C	CREDIT
6.	PRACTICAL AGRIC.	C	CREDIT
7.	CHRISTIAN RELIGIOUS STUDIES	C	CREDIT
8.	PHYSICAL HEALTH EDUCATION	C	CREDIT
9.	HAUSA	C	CREDIT
10.	BASIC SCIENCE	C	CREDIT
11.	BASIC TECHNOLOGY	P	PASS
12.	CIVIC EDUCATION	P	PASS
13.	COMPUTER STUDIES	P	PASS
14.	CULTURAL & CREATIVE ARTS	C	CREDIT

REMARKS: Passed

MR. J. O. AMEH
(Principal)

Vice Principal (Academics)
Bethany Christian Academy
P. O. Box 189, Barkin-Ladi,
Jos—Nigeria.

School Stamp
12th December, 2014



Bethany Christian Academy Barkin Ladi

Km 2 Bokkos Road,
P.O. Box 189, Barkin Ladi, Plateau State, Nigeria.

Cur Ref: _____

Your Ref: _____

Date: _____

STATEMENT OF RESULT

7th August, 2017

DAPOET, NA'ANEP TANGAME

Sat for the May/June 2017 West African Senior School Certificate Examination (WASSCE) conducted by the West African Examination Council (WAEC) and obtained the following results:

CANDIDATE'S EXAM No.: 4320107/014

<u>S/No.</u>	<u>Subject:</u>	<u>Grade:</u>	<u>Grade Interpretation:</u>
1.	Civic Education - - -	A1	Excellent
2.	Animal Husbandry - - -	B2	Very Good
3.	English Language - - -	C4	Credit
4.	Chemistry - - -	C5	Credit
5.	Christina Religious Studies	C5	Credit
6.	Physics - - -	C6	Credit
7.	Biology - - -	C6	Credit
8.	Economics - - -	C6	Credit
9.	Mathematics - - -	D7	Pass

Vice Principal (Academics)
Bethany Christian Academy
P.O. Box 189, Barkin-Ladi
Jos—Nigeria

Mr. Jonathan D. Ali,
Vice Principal (Academics)

School Stamp

Date: 7th August, 2017



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

Thursday 24th August, 2017

Dear: DAPOET NAANEP TANGAME

REGISTRATION NO: 2017AG/MBChB/1119

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.

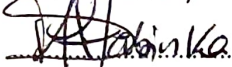
University Fees for the Semester

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
[Signature]

Yours Sincerely



Dr. Annabella Habinka Basaza Ejiri

Academic Registrar

24 AUG 2017

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.