



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

Monday 09th July, 2018

Dear: OPIFENI JESSE

REGISTRATION NO: 2018AG/MBCHB/1115

ADMISSION FOR AUGUST INTAKE 2018/2019 YEAR 1 SEMESTER 1

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 06th AUGUST, 2018**

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 2018/2019 are **United States Dollars Two thousand two hundred fifty (\$2,250)** 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.

09 JUL 2018

[Handwritten signature]

Yours Sincerely



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.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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This box for University use only



**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, Website: www.saiu.ac.ug

Undergraduate Application Form 2017/2018 and 2018 Academic Year

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

PERSONAL INFORMATION			
Title (Dr/Mr/Ms/Mrs/Rev):		Last Name(s): OPIFENI	
First Name: JESSE		Date of Birth: (dd/mm/yyyy) 23/04/1998	
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. CM9800210E44QT	Nationality: UGANDAN	Country of Birth: UGANDA	
Country of Ordinary Residence: UGANDA		Occupation: STUDENT	Religion: ANGUCAN



Permanent Home Address (Physical Address) NAMUWONGO	
Telephone No: +256792512982	
Mobile No: +256701166133	
Email: jesse.opifeni16@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:	
3rd Choice:	
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 checked="" type="checkbox"/> Per Year <input type="checkbox"/> Entire program duration <input type="checkbox"/>	
Proposed start date January 2018 <input type="checkbox"/> April 2018 <input type="checkbox"/> August 2018 <input checked="" 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 OFFICIAL USE ONLY	
School Decision	Admit MBCHB
Application No.	11
Course	

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: DR. BEN KHINGI AVUA

Nationality: UGANDAN

Occupation: DOCTOR

Telephone No: +256772400732
Include Area/Country code

Mobile No: +256752400732
Include Area/Country code

Email:

Mother

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

Name: DR. ANNET KUGONZA KHINGI

Nationality: UGANDAN

Occupation: DOCTOR

Telephone No: +256772592771
Include Area/Country code

Mobile No: +256701592771
Include Area/Country code

Email:

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:

UGANDA NATIONAL EXAMINATIONS BOARD

Name and Address of School:

BUDDO SECONDARY SCHOOL

P.O. Box 14074

KAMPALA, UGANDA

Index No.

U0763/1933

Year of Examination:

2017

Year of Examination:		407637433					
2017							
Subjects Include whether Principal (P) or Subsidiary (S)	Results/Grade						Overall Grade
	Papers						
	1	2	3	4	5	6	
	6	3					D
MATHEMATICS	5	5	4				D
BIOLOGY	3	6	3				D
CHEMISTRY							3
SUBSIDIARY COMPUTER							

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 EXAMINATIONS BOARD

Name and Address of School:

ST. MARY'S SECONDARY SCHOOL ANNEX, KITENDE

P.O. Box 30583

KAMPALA

Index No.

U2338/165

Year of Examination:

2014

Subjects Provide Grade/Marks (not pass, credit, distinction) If a subject is not listed, include it in the spaces provided					
Subject	Grade	Subject	Grade	Subject	Grade
ACCOUNTING		ENGLISH LITERATURE		MUSIC	
AGRICULTURE		FINE ART	3	PHYSICS	4
BIOLOGY	4	FRENCH		RELIGIOUS EDUCATION	
CHEMISTRY	3	GEOGRAPHY	4	TECHNICAL DRAWING	
COMMERCE	1	HISTORY	1	POLITICAL EDUCATION	2
ENGLISH LANGUAGE	2	MATHEMATICS	1		

ANY OTHER ACADEMIC QUALIFICATIONS

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

University / Institute / College (Include address and Country)	Qualifications Obtained (If any)	Date Obtained	FullTime / Part Time / Distance

PERSONAL STATEMENT

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

My interest in Medicine began in my childhood subconsciously playing the doctor whenever my siblings hurt themselves. Cleaning and dressing their wounds almost became a hobby. As I read more biology and chemistry textbooks I was fascinated by the functions of the human body making my dreams more vivid; I knew I wanted to be a doctor. When I fractured my collar bone, my many trips to the hospital made me realise how much more help our country needs in the medical field. The long waiting times and lines to see the doctor made me want to become a doctor even more as I realised ~~the~~ need for more doctors to improve the doctor to patient ratio in Uganda.

I am self motivated and confident and await an opportunity to pursue a bachelor of medicine and Surgery at this institution

REFERENCES

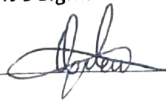
Please provide the name of a person who is aware of your academic or professional ability and can support your application by providing a reference. (N.B: Referee should not be related to you in anyway).

Name of Referee M.R. KAMULEGEYA MUBARAK KIAGUNDA	
Physical Address NSANDA - WAKISO	
Address BUDDO SS P.O BOX 1407-MENGE	Postcode
City / Town WAKISO	Telephone No 0700398757
Mobile No: 0775639750	Fax
Country UGANDA	Email kamulegeya@hotmail.com

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:

27/03/18

3979598



2014 U.C.E.

EXAMINATION FOR THE UGANDA CERTIFICATE OF EDUCATION

ORIFENI JESSE (AGE 16) U2338/165 ENTRY CODE 1
ST. MARY'S SECONDARY SCHOOL ANNEX, KITEENDE P.O. BOX 30583 KAMPALA

1	ENGLISH	2	(TWO)
2	HISTORY	1	(ONE)
2	GEOGRAPHY	4	(FOUR)
2	POLITICAL EDUCATION	2	(TWO)
4	MATHEMATICS	1	(ONE)
5	PHYSICS	4	(FOUR)
5	CHEMISTRY	3	(THREE)
5	BIOLOGY	4	(FOUR)
6	ART	3	(THREE)
8	COMMERCE	1	(ONE)

GRADE AGGREGATE 17

*** RESULT 1 ***
Please see overleaf

A 2208664

NOV/DEC 2017 U.A.C.E.

EXAMINATION FOR THE UGANDA ADVANCED CERTIFICATE OF EDUCATION

U0763/533

OPFE II JHS
RUDU SECONDARY SCHOOL
ENTRY CODE: 5
DATE OF BIRTH: 23/04/1998

GENERAL PAPER
MATHEMATICS
CHEMISTRY
BIOLOGY
SUBSIDIARY COMPUTER

SUBSIDIARY PASS
PRINCIPAL PASS
PRINCIPAL PASS
PRINCIPAL PASS
SUBSIDIARY PASS

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

Please see overleaf

Subject Grades	Paper Grades					
	1	2	3	4	5	6

5	5	3				
D	5	3				
D	5	5	4			
D	3	5	3			
3						

P 6043365



RESULTS FOR THE PRIMARY LEAVING EXAMINATIONS

P.L.E. 2010

1

OPIFENI JESSE
GREEN HILL ACADEMY

KAMPALA

003203/197

ENGLISH
BASIC SCIENCE & HEALTH EDUC.
SOCIAL STUDIES
MATHEMATICS

2 (TWO)
2 (TWO)
2 (TWO)
1 (ONE)

Result

GRADE AGGREGATE 7

5 & O
7292/04
10/10
(P.L.E.)

Id

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: OPIFENI JESSES

Mob: + 256701166133

Email: jesse.opifeni16@gmail.com

Year: One Semester : One

Signature:

ENROLLED PROGRAMME MBCIIB

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
+256 784 290 233, +256752 552 557
contact@saiu.ac.ug web: www.saiu.ac.ug

College: Medicine, Health and Life Sciences

Student Name: OPIFENI JESSES

Academic Year : 2018/2019		Year 1 Semester 1	
Date:	28/03/2018	Form No.	
Invoice Number:	185	Receipt No.	
Application No.			
Invoice to:	OPIFENI JESSES		
Programme:	MBChB		
	Particulars	Amount (USD)	Amount Total (USD)
	Tuition Fee	2,000	2,000
	Functional Fees	250.00	250.00
	Application fees	21.00	21.00
	Other (s)		
	PAID		
Payment terms:	Total -Balance		\$2,271

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:

Mr. Dickson Bikorwa +256 772 571 312 dbikorwa@saiu.ac.ug

Finance Officer

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



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Mob: + 256701166133

Email: jesse.opifeni16@gmail.com

Year: One Semester : One

Signature:

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Academic Year : 2018/2019

Year 1 Semester 1

Date: 28/03/2018

Form No.

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Application No.

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SIGNATURE

Dr. Annabella H. Ejiri +256 772 571 444 ar@saiu.ac.ug

Academic Registrar

SIGNED IN THE PRESENCE OF:

Mr. Dickson Bikorwa +256 772 571 312 dbikorwa@saiu.ac.ug

Finance Officer

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