



ST. AUGUSTINE
INTERNATIONAL
UNIVERSITY

Undergraduate
Application Form 2018/2019 and 2019 Academic Year

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



PERSONAL INFORMATION			
Title (Dr/Mr/Ms/Mrs/Rev)	MRS	Last Name(s)	TARIMO
First Name	JOYCE WILLIAM		
Date of Birth (dd/mm/yyyy)	05/10/1989		
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Marital Status	Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Others (Specify below) <input type="checkbox"/>
Passport / ID No	AB574584	Nationality	TANZANIA
Country of Ordinary Residence	TANZANIA	Country of Birth	TANZANIA
Occupation	STUDENT	Religion	CHRISTIAN

Permanent Home Address
(Physical Address)

Telephone No. +255 756 26 3603 / +256 757 873 236

Mobile No.

Date of Application: 10/9/2018

Email: willyjoy20@gmail.com

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

1st Choice: MBChB ✓

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 2019 ☐

April 2019 ☐

August 2018 ☒

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 2018 Aug.

Application No.

Admission

Course

Aug 2018

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 _____)

Name: _____ dd/mm/yyyy

Nationality: _____

Occupation: _____

Telephone No:
Include Area/Country code

Mobile No:
Include Area/Country code

Email: _____

Mother

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

Name: _____ dd/mm/yyyy

Nationality: _____

Occupation: _____

Telephone No:
Include Area/Country code

Mobile No:
Include Area/Country code

Email: _____

Guardian

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

Name: FELEX J. MMARY dd/mm/yyyy

Nationality: TANZANIAN

Occupation: BUZZNESSMAN

Telephone No:
Include Area/Country code +

Mobile No:
Include Area/Country code +255788992026

Email: mmanyfex@gmail.com

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:

Name and Address of School:

Year of Examination:

Index No.

Subjects (Include whether Private or Public in each case)	Results/Grade						Overall Grade
	Papers						
	1	2	3	4	5	6	

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:

Name and Address of School:

Year of Examination:

2004

Index No.

S0998-0011

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		PHYSICS	✓
BIOLOGY	✓	FRENCH		RELIGIOUS EDUCATION	
CHEMISTRY	✓	GEOGRAPHY	✓	TECHNICAL DRAWING	
COMMERCE		HISTORY	✓		
ENGLISH LANGUAGE	✓	MATHEMATICS	✓		

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
MUMBAI INSTITUTE	DIPLOMA IN MURUGA	2011	FULL TIME

PERSONAL STATEMENT

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

I was equally to in St Augustine International University to acquire knowledge of Medical and Surgery to fulfill my dream and save my society.

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	PETER CHIPETA		
Physical Address	65000 DAR ES SALAAM		
Address			Postcode
City / Town	DAR ES SALAAM	Telephone No	+255 768671647
Mobile No			Fax
Country	TANZANIA	Email	peter.chipeta@gmail.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:

10th Sept, 2018

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES



This is to certify

that

Joyce William Tarimo

having satisfied the requirements for the award of the

DIPLOMA IN NURSING

was admitted to the diploma at a congregation

held in DAR ES SALAAM, on the

Tenth day of December,

in the year Two thousand and eleven

Kusli Tallangya

Vice Chancellor



Deputy Vice Chancellor
(Academic, Research and Consultancy)

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

Phone: +255 22
21150302
Fax: +255 22 2150465
Email: vc@muhas.ac.tz



P. O Box 65001
Dar es Salaam
<http://www.muhas.ac.tz>



ACADEMIC TRANSCRIPT

NAME: JOYCE WILLIUM TARIMO		SEX: FEMALE	REG. NO. 2007-02-0030
CITIZENSHIP: TANZANIAN	ADDRESS: P.O. BOX 65003, DAR ES SALAAM		
DATE OF BIRTH: 05/10/1984	ADMITTED: 2007	COMPLETED: 2011	
ADMITTED ON THE BASIS OF: DIPLOMA IN NURSING			
SCHOOL: SCHOOL OF NURSING			
NAME OF PROGRAM: DIPLOMA IN NURSING			

SEMESTERS 1&2 EXAMINATION RESULTS:

Code	Course Title	Unit	Grade	Point	GPA
HB 100	Human Biology	5.1	B	22.97	
FN 100	Fundamental of Nursing Theory 7 & Practical I	5.9	B	34.02	
CN 100	Chemistry for Nurses	2.7	C	6.69	
HG 100	Human Growth & Development	2.7	B+	14.08	
SP 100	Social Psychology	2.7	B	22.84	
LS 100	Language & Communication	2.9	B	9.42	
MN 100	Microbiology in Nursing	1.5	B	4.87	
PN 100	Pharmacology in Nursing	4.7	B	12.73	
EH 100	Personal & Environmental Health	2.9	B	9.65	
LT 100	Learning & Teaching	4.5	C	11.16	
PI 100	Nursing Ethics	1.7	A	7.63	
NU 100	Nutrition	2.0	B+	7.12	
FN 100	Fundamentals of Nursing Theory & Practical II	8.7	C	20.96	
	Sub-Total	59.9		184.14	3.0

SEMESTER 3 & 4 EXAMINATIONS RESULTS

Code	Course Title	Unit	Grade	Point	GPA
MS 200	Medical & Surgical Nursing Theory & Practice I	29.1	C	72.16	
MS 201	Medical & Surgical Nursing Theory & Practice II	26.8	B	85.22	
	Sub-Total	55.9		157.38	2.8

SEMESTER 5 & 6 EXAMINATION RESULTS:

Code	Course Title	Unit	Grade	Point	GPA
IP 300	Introduction to Mental Health	2.7	A	12.20	
1W 300	Introduction to Midwifery	2.7	B	7.31	
MW 300	Midwifery I	22.2	B	70.59	
MW 300	Midwifery II	29.3	B	90.83	
	Sub-Total	56.9		180.93	3.1

SEMESTER 7 & 8 EXAMINATION RESULTS:

Code	Course Title	Unit	Grade	Point	GPA
RM 400	Research Methodology	6.7	B	22.84	
CR 400	Community Health Nursing	16.6	A	73.37	
LM 400	Leadership & Management	21.7	B	63.79	
	Sub-Total	45		160	3.5

OVERALL GPA: 3.1

CLASSIFICATION: CREDIT

Deputy Vice Chancellor - Academic, Research
and Consultancy

Date

30.04.2012

END OF TRANSCRIPT

- Key for Course Units: ONE UNIT IS EQUIVALENT TO 15 CONTACT HOURS.
POINTS = GRADE POINTS MULTIPLIED BY NUMBER OF UNITS.
- Key to the Grades and other Symbols for University Examinations: SEE THE TABLE BELOW

Grade	A	B+	B	C	D	E
Marks	75-100%	70-74%	60-69%	50-59%	45-49%	0-44%
Grade Points	4.4 - 5.0	3.5 - 4.3	2.7 - 3.4	2.0 - 2.6	1.5 - 1.9	0.0 - 1.4
Remarks	Excellent	Very Good	Good	Satisfactory	Marginal Fail	Absolute Fail

3. Key to Classification of Awards: SEE THE TABLE BELOW

Degree		Diploma		Certificate	
Overall G.P.A	Class	Overall G.P.A	Class	Overall G.P.A.	Class
4.4-5.0	FIRST	4.0-5.0	DISTINCTION	4.0-5.0	DISTINCTION
3.5-4.3	UPPER SECOND	3.0-3.9	CREDIT	3.0-3.9	CREDIT
2.7-3.4	LOWER SECOND	2.0-2.9	PASS	2.0-2.9	PASS
2.0-2.6	PASS				



TANZANIA NURSING AND MIDWIFERY COUNCIL
FULL REGISTRATION CERTIFICATE

*By Virtue of the powers granted to the Council under section 15(1)
of the Nursing and Midwifery Act, 2010.*

It is hereby certified that:

JOYCE WILLIUM

is registered in the Register of Nurses and Midwives and may use
the title of

REGISTERED NURSE



W. B. S. A. Chairman

W. S. A. S. Registrar

Registration Number **44247**

Date: **19. 9. 2011**



TANZANIA NURSING AND MIDWIFERY COUNCIL

FULL REGISTRATION CERTIFICATE

By Virtue of the powers granted to the Council under section 15(1) of the Nursing and Midwifery Act, 2010.

It is hereby certified that:

JOYCE WILLIUM

is registered in the Register of Nurses and Midwives and may use the title of

MIDWIFE
REGISTERED _____

_____ Chairman

_____ Registrar

Registration Number **35137**

Date: **19. 9. 2011**

REGISTERED NURSE OF TANGANYIKA
TANGANYIKA NURSING AND MIDWIFERY COUNCIL



Joyce William

Has been deemed to be qualified

Registered Nurse

Licence No: 27947 Expiry Date: 31 Dec 2019

Registrar

Date: 30 December 2016

The bearer of the licence is registered nurse with this Council
as

<input checked="" type="checkbox"/> Part I for Nurses	<input type="checkbox"/> Part VII for Nurse Tutors
<input checked="" type="checkbox"/> Part II for Midwives	<input type="checkbox"/> Part VIII for Midwives Tutors
<input type="checkbox"/> Part III for Public Health Nurses	<input type="checkbox"/> Part IX for Operating Theatre Nurses
<input type="checkbox"/> Part IV for Ophthalmic Nurses	<input type="checkbox"/> Part X for all Advanced Nursing Practitioners
<input type="checkbox"/> Part V for Pediatric Nurses	<input type="checkbox"/> Part XI for any other Nurses or Midwives not covered by the foregoing parts
<input type="checkbox"/> Part VI for Nurse Psychiatric	

The National Examinations Council of Tanzania



Certificate of Secondary Education

This is to certify that **JOYCE WILLIUM**

Index No. **P0110-0216**

sat for the Certificate of Secondary Education Examination

at **ILBORU SECONDARY SCHOOL CENTRE** in **OCTOBER 2005**

and qualified for the award of a

CERTIFICATE OF SECONDARY EDUCATION

in Division **FOUR**

after attaining the following performance:-

Subject

PHYSICS

CHEMISTRY

BIOLOGY

BASIC MATHEMATICS

Grade

D (PASS)

C (PASS)

D (PASS)

F (FAIL)

EMwaukembo

Chairperson

Stalichako

Executive Secretary



Not valid without a hologram.
This is a secure document using
special inks and paper.

The National Examinations Council of Tanzania



Certificate of Secondary Education

This is to certify that **JOYCE WILLION**

Index No. **s0998-0011**

sat for the Certificate of Secondary Education Examination

at **NG'UNI SECONDARY SCHOOL** in **NOVEMBER 2004**

and qualified for the award of a

CERTIFICATE OF SECONDARY EDUCATION

in Division **FOUR**

after attaining the following performance:

Subject **Grade**

CIVICS	D (PASS)
HISTORY	F (FAIL)
GEOGRAPHY	F (FAIL)
KISWAHILI	D (PASS)
ENGLISH LANGUAGE	F (FAIL)
PHYSICS	F (FAIL)
CHEMISTRY	F (FAIL)
BIOLOGY	F (FAIL)
BASIC MATHEMATICS	D (PASS)



EMwukambo

Chairperson

Signature of Executive Secretary

Executive Secretary

Not valid without a hologram

This is a secure document using

special inks and paper

UNITED REPUBLIC OF TANZANIA

CERTIFICATE OF BIRTH

B No

0496569

Where born	Name if any	Sex	Name and Surname of father	Father's Occupation and residence	Father's Nationality	Name and maiden name of mother	Mother's occupation and residence	Mother's Nationality	Signature, description and residence of informant	Date of Birth	Date of registration	Signature of registering officer	Baptismal name if added or altered after registration of birth
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
KIBONG'OTO HOSPITAL	JOYCE	FEMALE	WILLIAM RUMISHAEL TARIMO	CARPENTER	CITIZEN OF TANZANIA	AWAICHI GODBLESS MAKULE	PEASANT	CITIZEN OF TANZANIA	AS PER APPLICATION IN WRITING FORM BD.15A. AND SIGNED BY WILLIAM RUMISHAEL TARIMO FATHER	5TH OCTOBER 1984	25TH SEPTEMBER 2007	SGD: V.L. MPOTWA	

certified under the Births and Deaths Registration Ordinance (Cap.108 of the Laws), to be a true copy of an entry in the register in my custody of Births
 District of EAT in Tanzania.
 Dated this..25TH day of SEPTEMBER 19 2007

T Shs. 250/=

DISTRICT REGISTRAR
 BIRTHS AND DEATHS
 TAT

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.

Names: Joyce William Tarimo

Mob: +255756263603/ +256757871236

Email: willyjoy20@gmail.com

Year: One Semester: One

Signature: [Signature]

ENROLLED PROGRAMME

BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (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
- have in a responsible way on and off campus

PERSONAL OBJECTIVE

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

College: Medicine, Health & Life Sciences

Student Name: Joyce William Tarimo

Academic Year: 2018/2019		Semester Year 1 Semester 1	
Date:	10 th September 2018	Form No.	
Invoice Number:	478	Receipt No.	
Application No.			
Invoice to:	Joyce William Tarimo		
Programme:	MBChB		
	Particulars	Amount (USD)	Amount Total (USD)
	Tuition Fee	\$2250	
	SAIU Scholarship		
	Application Fee	\$21	
	Other (s)		
	PAID		
Payment terms:	Total	\$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 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

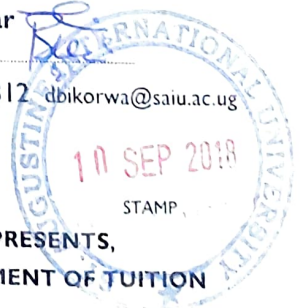
Dr. Annabella H. Ejiri +256 772 571 444 ar@saiu.ac.ug

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



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

Wednesday 1st August 2018

Dear: TARIMO JOYCE WILLIAM

REGISTRATION NO: 2018AG/MBChB/1163

ADMISSION FOR AUGUST INTAKE 2018/2019 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: **Saturday 4th August, 2018**

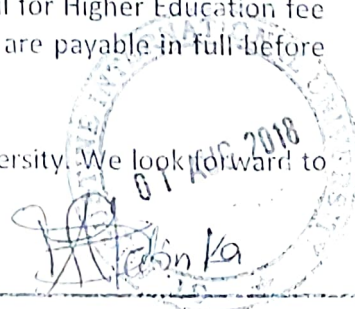
Registration

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

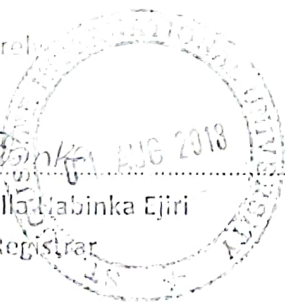
The tuition fees for the program in the academic year 2018/2019 are **United States Dollars Two Thousand Two Hundred and Fifty (\$2250)** per semester. National Council for Higher Education fee is UG SHS 20,000 per year, payable at any Stanbic Bank branch. All fees are payable in full before the beginning 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.



Yours Sincerely,


Dr. Annabell Mabinka 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 and National Council for Higher Education fees must be paid before registration