



KING CEASOR UNIVERSITY

Main Campus Plot 30/33, Bunga Hill,
P.O. Box 88, Kampala - Uganda
+256 705 444540 | +256 704350007
admissions@kcu.ac.ug
www.kcu.ac.ug

Undergraduate Application Form 2024/2025 Academic Year

PERSONAL INFORMATION

Title (Dr/Mr/Ms/Mrs/Rev):

Last Name:

First Name:

Date of Birth (DD/MM/YYYY):

Gender:

Male

☒ Female

Marital Status:

Single

☒ Married

Widowed

☐ Divorced

Passport/ID No.:

Nationality:

Country of Birth:

Country of Ordinary Residence:

Occupation:

Religion:



Permanent Home Address
(Physical Address)

Telephone No:

Mobile No:

Email:

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

Radio

Other

Mode of fees payment

Per semester

Per Year

Single Payment

Proposed start date

January 2024

July 2024

August 2024

This completed form and all supporting documents should be
sent to or delivered to the University via E-mail, Fax or by hand
Not later than December 30, March 30 or July 31, whichever is the latest of the three 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: +256 444 444 444 | +256 704 350 007

E-mail: admissions@kcu.ac.ug | info@kcu.ac.ug

FOR OFFICIAL USE ONLY

Admission No.:

Application No.:

Signature:

Give details of Parents and Guardian where applicable)

Father

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

Name: ADEGOKE JOHN

Nationality: BOTSWANA

Occupation: BUSINESS MAN

Telephone No:
Include Area/Country code

+254 782 1467

Mobile No:
Include Area/Country code

+254 7758214

Email: adegokejohn@gmail.com

Mother

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

Name:

Nationality:

Occupation:

Telephone No:
Include Area/Country code

Mobile No:
Include Area/Country code

Email:

Guardian

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

Name:

Nationality:

Occupation:

Telephone No:
Include Area/Country code

Mobile No:
Include Area/Country code

Email:

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:

Name and Address of School:

Year of Examination :

Index No.

Subjects	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 :

Index No.

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		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

Qualifications Obtained
(If any)

PERSONAL STATEMENT

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

I wanted to save people's lives.

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		Emmanuel Adenokule	
Physical Address		BOTSWANA	
Address	Crescent	Postcode	
City/Town	Kaduna	Telephone No	
Mobile No:	+257081246	Fax	
Country		Email	emmanueladenokule@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 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

Adenokule

Date:

1/10/2019

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The West African Examinations Council

West African Senior School Certificate

JUNE 2015

This is to Certify that:

ODEWOLE EMMANUEL ADEGOKE

born on: AUGUST 06, 1999

sex: MALE

whose photograph is embossed, having been in attendance at

ONWARD BAPTIST SCHOOL, BARNAWA, KADUNA

sat the West African Senior School Certificate Examination
and obtained the results shown below:

SUBJECT

DATA PROCESSING
ECONOMICS
CIVIC EDUCATION
ENGLISH LANGUAGE
MATHEMATICS
AGRICULTURAL SCIENCE
BIOLOGY
CHEMISTRY
PHYSICS
SUBJECT RECORDED

GRADE

B2
B3
A1
B3
C5
B3
C5
B3
B3
NINE

Candidate No.

4191085013

Certificate No.

NGWASSCS

21821523

CD 98

Chairman of Council

Registrar to Council



ONWARD BAPTIST SCHOOL

Botswana Crescent, Barnawa, P. O. 4542, Kaduna South
Tel: 062-234317

Testimonial

This is to Certify that



Aderwale Adedogbe Emmanuel

Has been a Pupil/Student of this school from 2011 to 2015 and
has successfully completed his/her Education

Department: Senior Secondary

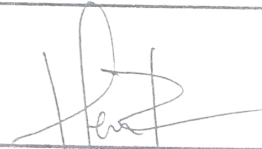
Academic Ability: Very Good

Post held: Fellowship Prefect

Conduct: Satisfactory

Remark: Composed and well-behaved


Chairman


School Administrator



KD 528047

KADUNA STATE OF NIGERIA
CERTIFICATE OF PRIMARY EDUCATION
(Revised 1977)

Name: CHENWOLE, ENMAMUCH THEGORE
Date of Birth: 1972/12/2
Place of Birth: SHC
Tribe: IBO
Name of Parent or Guardian and his/her Occupation: MR. & MRS. N. O. G. W. THEGORE

	Details of Schools Attended	Year
Primary 1	BAPTIST SCHOOL BARNAWA	2002/2003
Primary 2		
Primary 3		
Primary 4		
Primary 5		
Primary 6		2009/2010

This is to certify that the pupil named above has completed the year 2010 Class 6 with a minimum of 75 per cent attendances.

- SCHOOL REPORT
- Order of merit, final year: 2nd place out of 31
- | | | | |
|--------------------------------------|---------------------|---------|------|
| *1. English | Good | Average | Weak |
| *2. Arithmetic | Good | Average | Weak |
| *3. Science | Good | Average | Weak |
| *4. Social Studies | Good | Average | Weak |
| 5. His strong subjects (if any) are: | ARITHMETIC, SCIENCE | | |
| *6. Outdoor activities | FOOTBALL | | |
| *7. Sense of responsibility | Good | Average | Weak |
| 8. Posts of responsibility held | TET KOT | | |
| 9. Industry | HARD WORKING | | |
| 10. General Conduct | SATISFACTORY | | |

*Strike out words not applicable.

†State whether Football, Athletics, Scouting, etc.

Signature of Pupil: [Signature]

Signature of Headmaster/Mistress: [Signature]

School: BAPTIST SCHOOL

Date: JUN 4 2010

Signature of Proprietor or his

Date: JUN 4 2010

Representative: [Signature]

This Certificate is supplied only to schools approved by the Ministry of Education. It should be kept in a safe place for if lost or destroyed a copy will be issued.

ONWARD BAPTIST SCHOOL NURSERY/PRIMARY



Botswana Crescent, Barnawa
P. O. Box 4542, Kaduna South
Tel: 062-234317, 234318

Testimonial

This is to certify that:

Odewole Emmanuel A.

Has been a pupil of this school, from 2004 to 2010 and

Has successfully completed his/her Primary School Education

He/She sat for the Primary School Leaving Certificate Exams.

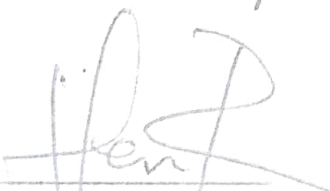
Conduct Satisfactory

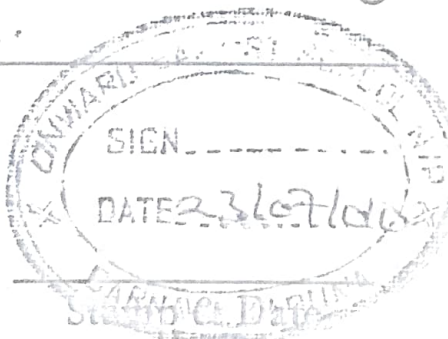
Academic Ability Above Average

Post held Head boy

Games Soccer and Table Tennis

Remarks Intelligent, hardworking
and Respectful.


Head Teacher



than 15 days before the beginning of the semester. Your admission will be automatically cancelled. You are advised to pay 100% of the tuition and functional fees you will then be issued with an admission letter. 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 2018/2019 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

05 OCT 2017

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