



St. Augustine International University  
Office of the Academic Registrar

Friday 26<sup>th</sup> August, 2016

Reg. No. MBChB 16A01/088

Dear: ESSIEN Ene Samuel  
Student No. A16093

**Admission to University Academic Year 2016/2017 3rd Year**

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. You are requested to confirm your acceptance of this offer by **30<sup>TH</sup> AUGUST 2016** by payment of the total tuition fees. Payment should strictly be made to account details A/c Name St. Augustine International University, A/c No. 8702014482200, Bank: Standard Chartered Bank, Speke Road, Kampala – Uganda.

**Reporting Date:** 30<sup>th</sup> AUGUST 2016

**Program Duration:** THREE (3) Years

**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 2016/2017 are **United States Dollars Two thousand (\$2000)** 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. Annabella Habinka Basaza Ejiri**  
Academic Registrar

**Please note:**

1. Fees paid are non refundable.
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.



St. Augustine International University  
"Moral Rearmament, Wealth Creation"

P.O Box 26687, Kampala Uganda

Mobile: +256 705 444 540, +256 784 290 233

Email: [admissions@saiu.ac.ug](mailto:admissions@saiu.ac.ug) / [contact@saiu.ac.ug](mailto:contact@saiu.ac.ug)

**OFFICE OF THE DEPUTY VICE CHANCELLOR FOR MARKETING, FINANCE AND  
ADMINISTRATION**

Wednesday 16<sup>th</sup> November, 2016

Dear Madam/ Sir,

**RE: Tuition Fees For Esseine Samuel. Registration No: MBChB16A01/088**

This is to certify that the above named student is a student at St. Augustine International University. He is currently in third year pursuing a Bachelors of Medicine and Surgery.

Below is the tuition fees and functional fees. It is a mandatory policy of the university that the tuition fees and functional fees are paid in full at the beginning of the semester to enable the student to attend lecturers, do progressive tests and final examinations.

Payments should strictly be made to the account details below;

YEAR III 2016/2017	Semester II Tuition Fees	Semester II Functional Fees	Total Fees Year III
Semester Two	\$2000	\$150	\$ 2150

A/C Name: St. Augustine International University

A/C NO: 8702014482200

Swift Code: SCBLUGKA

Bank: Standard Chartered Bank, Speke Road Branch, Kampala

Signed on behalf of St. Augustine International University

Prof.  Luvina Arun

Deputy Vice Chancellor For Marketing, Finance and Administration







KAMPALA  
INTERNATIONAL  
UNIVERSITY  
WESTERN CAMPUS

# PROVISIONAL RESULTS' SLIP

THE DIRECTORATE OF ACADEMIC AFFAIRS KIU-WC  
P.O.BOX 71, Bushenyi - Uganda.  
Tel: +256-779-445-959/ +256-702-411-357  
Email: admin@kiu\_wc.ac.ug  
Website: www.kiu.ac.ug

NAME: ESSIEN SAMUEL

SEX: MALE

NATIONALITY: NIGERIAN

PROGRAM: BACHELOR OF MEDICINE AND BACHELOR OF SURGERY

REGISTRATION NO: BMS/0123/133/DF

ENTRY MODE: DIRECT

DATE OF ENTRY: 5/26/2014

DATE OF BIRTH:

2013/2014

JANUARY

YEAR 1 SEM 1

COURSE CODE	COURSE TITLE	CU	CW	EYE	VV	TT	LG	TP
MPP 101	Basics Of Computer Science	2	37	48		85	A	5.0
MPP 104	Behavioral Sciences	2	29	46		75	B+	4.5
MPP 110	Biology	2	31	49		80	A	5.0
MPP 102	Biostatistics	2	27	44		71	B	4.0
MPP 113	Chemistry	2	24	38		62	C	3.0
MPP 100	Communication & Counseling Skills	2	19	48		67	C+	3.5
MPP 114	Entrepreneurship	2	26	36		62	C	3.0
MPP 111	Mathematics	2	26	31		57	D+	2.5
MPP 112	Physics	2	26	46		72	B	4.0
MPP 106	Principles Of Community Health And Epidemiology	2	36	48		84	A	5.0
MPP 105	Principles Of Ethics And Integrity	2	17	33		50	D	2.0
MPP 103	Research Methodology	2	24	54		78	B+	4.5

GPA: 3.83

2013/2014

JULY

YEAR 1 SEM 1

COURSE CODE	COURSE TITLE	CU	CW	EYE	VV	TT	LG	TP
MHA 110	Human Anatomy 1 (Histology/Upper And Lower Limbs/Embryology)	2	27	40		67	C+	3.5
MCO 110	Introduction To Community & Community Diagnosis (Coberms) 1	2	30	42		72	B	4.0
MBC 110	Medical Biochemistry 1 (Fundamental Of Biochemistry)	2	28	33		61	C	3.0
MPH 110	Medical Physiology 1 (Cell Biology/Excitable Tissues/Blood And Body Fluids/Cvs)	2	27	43		70	B	4.0
MSN110	Nursing Skills/Process	2	30	35		65	C+	3.5

GPA: 3.72

2013/2014

GPA: 3.79

2014/2015

FEBRUARY

YEAR 1 SEM 2

COURSE CODE	COURSE TITLE	CU	CW	EYE	VV	TT	LG	TP
MBM 120	Basic Microbiology (Virology/Mycology/Bacteriology)	2	28	34		62	C	3.0
MBP 120	Basic Pharmacology 1 (Introductory And General Pharmacology/Ans/Autacoids)	2	31	38		69	C+	3.5
MHA 120	Human Anatomy 2 (Thorax / Abdomen / Pelvis / Perineum)	2	0	50		50*	D	2.0
MIM 120	Immunology 1	2	23	29		52	D	2.0
MBC 120	Medical Biochemistry 2 (Metabolism)	2	25	37		62	C	3.0
MPH 120	Medical Physiology 2 (Respiratory /Renal/Endocrine/Reproduction)	2	17	42		59	D+	2.5





GPA: 2.67

GPA: 2.67

FEBRUARY

YEAR 3 SEM 1

COURSE CODE	COURSE TITLE	CU	CW	EYE	VV	TT	LG	TP
ABT 210	Basic Pharmacology 2 (Principles Of Toxicology/Chemotherapy)	2	20	27	7	54	D	2.0
MHA 210	Human Anatomy 3 (Head And Neck/Neuroanatomy)	2	16	25	9	50	D	2.0
MIM 210	Immunology 2	2	24	31	8	63	C	3.0
MBC 210	Medical Biochemistry 3 (Nutrition/Cancer/Genetics)	2	20	27	7	54	D	2.0
MPH 210	Medical Physiology 3 (Digestive/Neurolocomotor)	2	18	31	7	56	D+	2.5
MBP 210	Parasitology	2	0	50		50*	D	2.0

GPA: 2.21

2015/2016

AUGUST

YEAR 3 SEM 5

COURSE CODE	COURSE TITLE	CU	CW	EYE	VV	TT	LG	TP
MCP 210	Chemical Pathology	2	26	42	7	75	B+	4.5
MPT 210	Clinical Pharmacology & Principles Of Therapeutics	2	20	24	6	50	D	2.0
MPP 210	Pathophysiology	2	14	33	6	53	D	2.0

GPA: 2.63

2015/2016

GPA: 2.36

CGPA: 3.14

**Grading System**

80 - 100	A	60 - 64.9	C	CU = Credit Unit
75 - 79.9	B+	55 - 59.9	D+	LG = Letter Grade
70 - 74.9	B	50 - 54.9	D	GP = Grade Point
65 - 69.9	C+	Less than 50	F	GPA = Grade Point Average
				CGPA = Cumulative Grade Point Average
				50* = Retake/Supplementary

PRINTED ON  
10/27/2016

SIGNATURE:.....  
Director of Academic Affairs (DAA)

K.I.U. TEACHING HOSPITAL  
SIGNATURE: S. O. Njiru  
28 OCT 2016  
Dean/Director of Faculty/School



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

Friday 26<sup>th</sup> August, 2016

Dear: Essien Ene Samuel

Reg. No. MBChB 16A01/088

Student No. A16093

**Provisional Admission to University 2016/2017 3<sup>rd</sup> Year**

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. You are requested to confirm your acceptance of this offer by **30<sup>th</sup> AUGUST 2016** by payment of the total tuition fees. Payment should strictly be made to account details A/c Name St. Augustine International University, A/c No. 8702014482200, Bank: Standard Chartered Bank, Speke Road, Kampala – Uganda.

**Reporting Date:** 30<sup>th</sup> AUGUST 2016

**Program Duration:** FIVE (5) Years

**Registration**

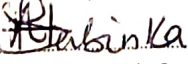
This offer has been made on the basis of your application and attached copies of academic documents (qualifications). All original authentic documentation must be presented at the time of registration including original tuition fees bank pay in slip/EFT/RTGS, academic transcripts, recommendation letter 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.

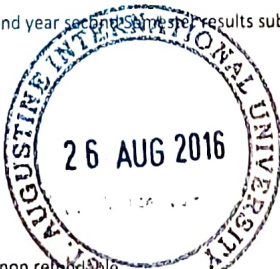
**University Fees for the Semester**

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NB: This is a provisional admission pending second year second semester results submission.

Yours Sincerely

  
Dr. Annabella Habinka Basaza-Ejiri  
Academic Registrar



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Total Tuition fees and National Council for Higher Education fees must be paid before registration.



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This box for University use only



**ST. AUGUSTINE  
INTERNATIONAL  
UNIVERSITY**

## Undergraduate Direct Entry Application Form 2016/2017

Bunga Hill Main Campus, P.O. Box 26687, Kampala, Uganda  
Telephone: +256 705 444 540 / +256 312 516 789  
Email: admission@salu.ac.ug, Website: www.salu.ac.ug

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

PERSONAL INFORMATION			
Title (Dr/Mr/Ms/Mrs/Rev):		Last Name(s): <b>ESSIEN</b>	
First Name: <b>ENE SAMUEL</b>		Date of Birth: (dd/mm/yyyy) <b>2011/21/1989</b>	
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: <b>A03536648</b>		Nationality: <b>NIGERIAN</b>	Country of Birth: <b>NIGERIA</b>
Country of Ordinary Residence:		Occupation: <b>STUDENT</b>	
Permanent Home Address (Physical Address) <b>KIRA, KITO, NAKISO DISTRICT, UGANDA.</b>			
Telephone No:			
Mobile No: <b>0754008040, 0785827440</b>			
Email: <b>yeshuagobong@gmail.com</b>			
DETAILS OF PROGRAM(S) TO STUDY (To select a program, refer to www.salu.ac.ug/programs)			
1st Choice: <b>Medicine and Surgery</b>			
2nd Choice:			
3rd Choice:			
Please indicate how you heard about SALU Programs Website <input checked="" type="checkbox"/> Newspaper <input type="checkbox"/> Social media <input checked="" type="checkbox"/> Friend <input 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 August 2016 <input checked="" type="checkbox"/> January 2016 <input type="checkbox"/>			
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 June 30th 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 / +256 312 516 789  
Email: admission@salu.ac.ug

For further information please visit [www.salu.ac.ug](http://www.salu.ac.ug)



Moral Recknowledgment Job creation

## PARENT/GUARDIAN INFORMATION

(Give details of Parents and Guardian where applicable)

Father	
Is father living?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Date Deceased _____ )
Name:	SAMUEL USEN ESSIEN
Nationality:	NIGERIAN
Occupation:	PRODUCTION TECHNICIAN
Telephone No:	
Include Area/Country code	
Mobile No:	
Include Area/Country code	+2348155882585
Email:	Samessien@rocketmail.com

Mother	
Is Mother living?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Date Deceased _____ )
Name:	UYU SAMUEL ESSIEN
Nationality:	NIGERIAN
Occupation:	MEDICAL SOCIOLOGIST
Telephone No:	
Include Area/Country code	
Mobile No:	
Include Area/Country code	+2348036004456
Email:	eka4boys@gmail.com

Guardian	
Is Guardian living?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Date Deceased _____ )
Name:	DIANAH ADUKULE
Nationality:	UGANDAN
Occupation:	RETIRED
Telephone No:	
Include Area/Country code	
Mobile No:	
Include Area/Country code	+256772497995
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: <b>JOINT ADMISSIONS AND MATRICULATION BOARD</b>	
Name and Address of School:	
Year of Examination:	Index No. <b>7220288JG</b>

Subjects <small>(Indicate whether Principal (P) or Subsidiary (S))</small>	Results/Grade						Overall Grade
	Papers						
	1	2	3	4	5	6	
USE OF ENGLISH							60
PHYSICS							60
BIOLOGY							61
CHEMISTRY							57

### 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: <b>THE WEST AFRICAN EXAMINATIONS COUNCIL</b>	
Name and Address of School: <b>AKIM AKIM MODEL HIGH SCHOOL, ODUKPANI, CROSS RIVER STATE, NIGERIA.</b>	
Year of Examination: <b>2005</b>	Index No. <b>4101114005</b>

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	<del>C4</del>	MUSIC	
AGRICULTURE	C4	FINE ART		PHYSICS	B3
BIOLOGY	B2	FRENCH		RELIGIOUS EDUCATION	
CHEMISTRY	B3	GEOGRAPHY	A1	TECHNICAL DRAWING	
COMMERCE		HISTORY		ECONOMICS	C4
ENGLISH LANGUAGE	C6	MATHEMATICS	A1		

### 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

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

As Africa gears towards achieving her Millenium Development Goals, there must always be frontliners and I envisage myself as one of those people; armed with a passion to provide wholistic healthcare especially to underdeserving and impoverished communities and a commitment to improve life standards, I have chosen this path of studies.

In the next decade I see my self as a family Medicine specialist and Medical Educator right here in the heart of Africa.

## 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.

Applicant's Signature

*E. E. E. E.*

Date:

*23-08-2016*



**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.

Applicant: ESSIEN ENE SAMUEL

Mob: 7256785827440

Email: asesien@outlook.com

Former School: KIU, Ishaka

Signature: [Signature]

**ENROLLED PROGRAMME**

**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

College: **MEDICINE, HEALTH AND LIFE SCIENCES**

Student Name: **ESSIEN ENE SAMUEL**

Academic Year	2017/2018	Semester	ONE
Date:	25th MAY, 2017	Form No.	
Invoice Number:	0075	Receipt No.	
Application No.			
Invoice to:	ESSIEN ENE SAMUEL		
Programme:	MBChB		
Particulars	Amount (USD)	Amount Total (USD)	
Tuition Fee		2000	
SAIU Scholarship			
Functional Fees		150	
Application Fee			
Other (s)			
Payment terms:		2150	

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 [Signature]

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

**Academic Registrar**

SIGNED IN THE PRESENCE OF: [Signature]

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

**DVC – Finance, Marketing & Administration**

INTERNATIONAL  
STAMP

KNOW ALL MEN BY THESE PRESENTS, 25 MAY 2017  
THIS IS A DEED OF ABSOLUTE PAYMENT OF TUITION



## UGANDA NATIONAL EXAMINATIONS BOARD

OUR REFERENCE: CF/UNEB/50

YOUR REFERENCE:

P. O. Box 7066,

Ntinda Tel: 0414 286635/6/7/8,

Fax: 0414 289397

Kyambogo Tel: 0312 260753, 0414 289399, 286173,

Fax: 0312 260752

E-mail: [uneb@africaonline.co.ug](mailto:uneb@africaonline.co.ug), [uneb@uneb.ac.ug](mailto:uneb@uneb.ac.ug)  
KAMPALA, Uganda.

24 August, 2016

The Registrar  
St. Augustine International University  
KAMPALA

### EQUATING THE NIGERIA JOINT ADMISSIONS AND MATRICULATION EXAMINATIONS CERTIFICATE TO UGANDA ADVANCED CERTIFICATE OF EDUCATION (UACE)

**Essien Ene Samuel**, Registration Number **72202888JG** sat for the Nigeria Joint Admissions And Matriculation Examinations Certificate in the year **2007** and obtained results which may be equated to Uganda Advanced Certificate of Education (UACE) as shown below:

SUBJECT	NIGERIA GRADES(%)	UACE EQUIVALENT
PHYSICS	60(SIXTY ONLY)	PRINCIPAL PASS C
BIOLOGY	61(SIXTY ONE)	PRINCIPAL PASS C
CHEMISTRY	57(FIFTY SEVEN)	PRINCIPAL PASS D
ENGLISH	60(SIXTY ONLY)	SUBSID

**NB:** UNEB is not responsible for the identity of the person mentioned in the letter.

  
Kagaba Peter  
For: **EXECUTIVE SECRETARY**





## UGANDA NATIONAL EXAMINATIONS BOARD

OUR REFERENCE:

CF/UNEB/50

YOUR REFERENCE:

P. O. Box 7066,

Ntinda Tel: 0414 286635/6/7/8,

Fax: 0414 289397

Kyambogo Tel: 0312 260753, 0414 289399, 286173,

Fax: 0312 260752

E-mail: [uneb@africaonline.co.ug](mailto:uneb@africaonline.co.ug), [uneb@uneb.ac.ug](mailto:uneb@uneb.ac.ug)

KAMPALA, Uganda.

24 August, 2016

The Registrar  
St. Augustine International University  
KAMPALA

### EQUATING THE WEST AFRICAN SENIOR SCHOOL CERTIFICATE TO UGANDA CERTIFICATE OF EDUCATION (UCE)

**Essien Ene Samuel**, Candidate Number **4101114005** sat for the West African Senior School Certificate in the year **2005** at **Akim Akim Model High School, Odukpani** and obtained results which may be equated to Uganda Certificate of Education (UCE) as shown below:

SUBJECT	WEST AFRICAN GRADES	UCE EQUIVALENT
GEOGRAPHY	A1	D1
ENGLISH LANGUAGE	C6	C6
MATHEMATICS	A1	D1
AGRICULTURE	C4	C4
BIOLOGY	B2	D2
CHEMISTRY	B3	C3
PHYSICS	B3	C3

**NB:** UNEB is not responsible for the identity of the person mentioned in the letter.

Kagaba Peter  
For: **EXECUTIVE SECRETARY**



KAMPALA  
INTERNATIONAL  
UNIVERSITY  
WESTERN CAMPUS

# PROVISIONAL RESULTS' SLIP

THE DIRECTORATE OF ACADEMIC AFFAIRS KIU-WC  
P.O.BOX 71, Bushenyi – Uganda.  
Tel: +256-772-888-625/ +256-701-888-625  
Email: admin@kiu\_wc.ac.ug  
Website: www.kiu.ac.ug

NAME: ESSIEN SAMUEL  
SEX: MALE  
NATIONALITY:  
PROGRAM: BACHELOR OF MEDICINE AND BACHELOR OF SURGERY

REGISTRATION NO: BMS/0123/133/DF  
ENTRY MODE:  
DATE OF ENTRY: 5/26/2014  
DATE OF BIRTH:

2013/2014		JANUARY		YEAR 1 SEM 0			
COURSE CODE	COURSE TITLE	CU	CW	EYE	WV	TT	LG TP
MPP 101	Basics Of Computer Science	2	37	48		85	A 5.0
MPP 104	Behavioral Sciences	2	29	46		75	B+ 4.0
MPP 110	Biology	2	31	49		80	A 5.0
MPP 102	Biostatistics	2	27	44		71	B+ 4.0
MPP 113	Chemistry	2	24	38		62	B 3.0
MPP 100	Communication & Counseling Skills	2	19	48		67	B 3.0
MPP 114	Entrepreneurship	2	26	36		62	B 3.0
MPP 111	Mathematics	2	26	31		57	C 2.0
MPP 112	Physics	2	26	46		72	B- 4.0
MPP 106	Principles Of Community Health And Epidemiology	2	36	48		84	A 5.0
MPP 105	Principles Of Ethics And Integrity	2	17	33		50	C 2.0
MPP 103	Research Methodology	2	24	54		78	B+ 4.0
							GPA: 3.67

2013/2014		JULY		YEAR 1 SEM 1			
COURSE CODE	COURSE TITLE	CU	CW	EYE	WV	TT	LG TP
MHA 110	Human Anatomy 1 (Histology/Upper And Lower Limbs/Embryology)	4	27	40		67	B 3.0
MCO 110	Introduction To Community & Community Diagnosis (Coberms) 1	6	30	42		72	B+ 4.0
MBC 110	Medical Biochemistry 1 (Fundamental Of Biochemistry)	2	28	33		61	B 3.0
MPH 110	Medical Physiology 1 (Cell Biology/Excitable Tissues/Blood And Body Fluids/Cvs)	4	27	43		70	B+ 4.0
MSN110	Nursing Skills/Process	2	30	35		65	B 3.0
							GPA: 3.56

2013/2014		FEBRUARY		YEAR 1 SEM 2			
COURSE CODE	COURSE TITLE	CU	CW	EYE	WV	TT	LG TP
MBM 120	Basic Microbiology (Virology/Mycology/Bacteriology)	4	28	34		62	B 3.0
MBP 120	Basic Pharmacology 1 (Introductory And General Pharmacology/Ans/Autacoids)	3	31	38		69	B 3.0
MHA 120	Human Anatomy 2 (Thorax / Abdomen / Pelvis / Perineum)	4	0	50		50*	C 2.0
MIM 120	Immunology 1	2	23	29		52	C 2.0
MBC 120	Medical Biochemistry 2 (Metabolism)	3	25	37		62	B 3.0
MPH 120	Medical Physiology 2 (Respiratory /Renal/Endocrine/Reproduction)	5	17	42		59	C 2.0

GPA: 2.48

GPA: 2.48

2014/2015

YEAR 2 SEM 1

2015/2016

FEBRUARY

COURSE CODE	COURSE TITLE	CU	CW	EYE	WV	TT	LG	TP
MBT 210	Basic Pharmacology 2 (Principles Of Toxicology/Chemotherapy)	3	20	27	7	54	C	2.0
MHA 210	Human Anatomy 3 (Head And Neck/Neuroanatomy)	3	16	25	9	50	C	2.0
MIM 210	Immunology 2	2	24	31	8	63	B	3.0
MBC 210	Medical Biochemistry 3 (Nutrition/Cancer/Genetics)	1	20	27	7	54	C	2.0
MPH 210	Medical Physiology 3 (Digestive/Neurolocomotor)	2	18	31	7	56	C	2.0
MBP 210	Parasitology	3	0	50		50*	C	2.0

GPA: 2.14

GPA: 2.14

CGPA: 3.04

2015/2016

REMARK: PASSED

**Grading System**

80 - 100

A

70 - 79.9

B+

60 - 69.9

B

50 - 59.9

C

Less than 50

D

CU = Credit Unit

LG = Letter Grade

GP = Grade Point

GPA = Grade Point Average

CGPA = Cumulative Grade Point Average

50\* = Retake/Supplementary

PRINTED ON

4/1/2016

SIGNATURE:.....

Director of Academic Affairs (DAA)

SIGNATURE:.....

Dean/Director of Faculty/School



# The West African Examinations Council

## West African Senior School Certificate

JUNE 2005

This is to Certify that: **ESSIEN ENE SAMUEL**

born on: **DECEMBER 20, 1989**

sex: **MALE**

having been in attendance at the following recognised school

**AKIM AKIM MODEL HIGH SCHOOL, ODUKPANI**

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

SUBJECT

GRADE

**ECONOMICS  
GEOGRAPHY  
ENGLISH LANGUAGE  
MATHEMATICS  
AGRICULTURAL SCIENCE  
BIOLOGY  
CHEMISTRY  
PHYSICS  
SUBJECTS RECORDED**

**C4  
A1  
C6  
A1  
C4  
B2  
B3  
B3  
EIGHT**

CANDIDATE No.

**4101114005**

CERTIFICATE No.

**NGWASSCS 6737201**



CD 04

*Chairman of Council*

*Registrar to the Council*

Any alteration, erasure or absence of photograph renders this Certificate invalid.



**The University  
of  
Port Harcourt**  
Choba - Port Harcourt

## BASIC STUDIES UNIT

Our Ref: UPH/ BSP/ 63  
Date: 28/01/2008

East-West Road, Choba  
P.M.B. 5323, Port Harcourt  
Nigeria

Dear Mr **ESSIEN, ENE SAMUEL**



### ***Success Letter***

We are pleased to inform you that you successfully completed the Basic Studies Programme and passed the prescribed courses during the 2006/07 academic session.

On the recommendation of the Board of Examiners of the Basic Studies program, the Vice-Chancellor has, on behalf of the Senate of the University of Port Harcourt, approved your admission into:

Department: MEDICINE & SURGERY

College/Faculty: HEALTH SCIENCES

Please accept our congratulations.

  
Basic Studies Officer for Registrar



  
Director Basic Studies



# JOINT ADMISSIONS AND MATRICULATION BOARD

National Headquarters, Suleja-Bwari Road, Bwari, P. M. B. 189, Garki Abuja, Nigeria.

## 2007 University Matriculation Examination (UME)

### Notification of Results

Date Printed: Wednesday, August 17, 2016

#### CANDIDATE DETAILS

NAMES: ESSIEN ENE SAMUEL  
REGISTRATION NUMBER: 72202888JG  
EXAMINATION NUMBER: 03509243  
STATE OF ORIGIN: Cross-River  
L.G.A: CALABAR-SOUTH  
GENDER: Male  
DATE OF BIRTH: January 12, 1989



#### UME SUBJECTS SCORES

Use of English	60
Physics	60
Biology	61
Chemistry	57
<b>AGGREGATE</b>	<b>238</b>

#### FIRST CHOICE OF INSTITUTION/COURSE

University Of Calabar  
Medicine And Surgery

#### SECOND CHOICE OF INSTITUTION/COURSE

University Of Port-Harcourt  
Pharmacy

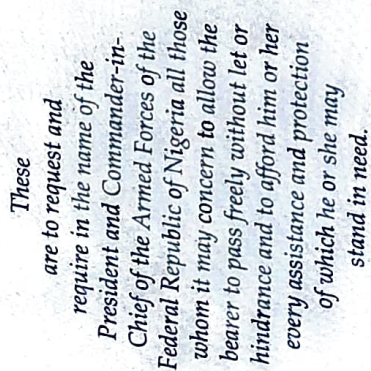
**ADDRESS:** General Post Office Pobox 1186,  
calabar,  
cross-River State.

Ref No: 6737861905049210

1. This is NOT a letter of Admission into any higher institution.
2. You CANNOT use this document for employment purposes.
3. This result is only valid for entry into Nigerian Higher Institutions
4. You will be informed in due course if you are offered provisional admission into any institution.
5. This document is not transferable. It remains the property of the Board which reserves the right to withdraw it at any time it is deemed necessary.

REGISTRAR





**A 03536648**

FEDERAL REPUBLIC OF NIGERIA



P

Country Code / Codigo Pais

NGA

Passport No. / ~~Passport No.~~

A03536648

Surnama / Nom

ESSIEN

Given Names / Prénoms

ENE SAMUEL

Nationality / Nationalism

**NIGERIAN**

Date of Birth / Date de naissance

20 DEC / DEC 89

Personnel No. / N° personnel

Sex / Sem Place of Birth / Location of Residence

M CALABAR

Authority / Autorité

**CALABAR**

Date of Issue / Date de délivrance

20 SEP / SEP 12

Holder's Signature / Signature du Titulaire

Date of Expiry / Date d'expiration: \_\_\_\_\_

19 SEP / SEP 17

*Boyer*

P<NGAESSIEN<<ENE<SAMUEL<<<<<<<<<<<<<<<<<<  
A035366485NGA8912204M1709193<<<<<<<<<<<<<06

# UGANDA NATIONAL EXAMINATIONS BOARD

P.O. Box 7066, Kampala



Date: 23-August-2016

Received from

ESSIEN ENE SAMUEL

The sum of UGX:

Four Hundred Thousand Only

Being payment for:

1) Equating Fees - Students General

Cash



No.

064994

Batch Nbr.

037353

## RECEIPT

Qty 2 Rate 200,000

400,000

UGX

400,000

Sign:

GIBSON

For UNEB

Adukule & Co. Advocates,

Plot 1-3 Fumu Close,  
Wampewo Avenue,  
Kampala, Uganda.

Thursday, 11 August 2016.

The Academic Registrar,

St. Augustine International University Uganda (SAIU),

Kampala, Uganda.

Dear Sir/Madam,

### APPLICATION FOR CREDIT TRANSFER

I write to seek for a place as a transfer student in the Department of Medicine and Surgery, SAIU. I am presently studying the same course at Kampala International University, Western Campus where I have completed 5 semesters of studies (Sep 2013 – August 2016).

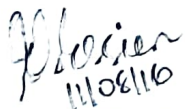
I have attached with this letter a provisional result slip of 4 of those semesters as I am awaiting results for the semester 5 (Junior Medicine/Surgery, Pathophysiology, Chemical Pathology and Clinical Pharmacology) that has just been concluded. I have also attached a copy of my West African Senior School Certificate and my Basic Studies Certificate (A one year intensive foundation programme) from the University of Port Harcourt all for your consideration.

I look forward to being accepted as a Third Year, First Semester student which will afford me the opportunity to gain 60 per cent of the Total Credits at SAIU.

Studying at SAIU will be a new as well as an exciting opportunity for me to explore my studies on a new level and I look forward to it as I anticipate your kind and favourable approval.

Thank you and Best Regards.

Yours Faithfully,



Essien, Ene Samuel.

0754008040

Yeshuaobong@gmail.com



Plot 5334, Kito-Kira,  
Kira Municipality,  
Kampala, Uganda.

Tuesday, November 15, 2016.

The Deputy Vice Chancellor,  
Finance & Administration,  
St. Augustine International University,  
Bunga Hill, Kampala, Uganda.

Dear Madam,

REQUEST FOR SCHOOL FEES TRANSFER LETTER

I write to request for an authorized letter from your office that will state the amount of tuition/fees that I will be required to pay next ~~letter~~ semester.

The letter is to enable my sponsors seek for an approval from the Central Bank of Nigeria to transfer the fees to me from Nigeria as the current transfer limit is only 700 USD in 6 months.

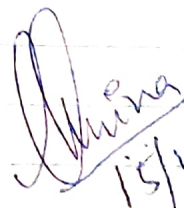
The letter is to contain my name, the amount of tuition to be paid and the account to which the tuition is to be paid into.

Thank you for your kind assistance.

Yours faithfully,  
Esseen

ESSIEN, Ene Samuel  
MBChB/16A01/088

fees for 1 term  
2150 Dollars

  
15/11/2016.

April/11/2017

The Academic Registrar,

St. Augustine International University


Bunga Hill, Kampala,

Through

The Dean,

school of medicine, SAIU

Dear Madam,

*Dear AR,  
let's see how we  
can accommodate  
this student coming  
back* 

**RE: REQUEST FOR TIME OUT.**

I had earlier approached your office seeking for guidance in taking time out to process my student passport, which you directed me to the dean.

Unfortunately, I fell very ill and was admitted at A live services.

I am slowly recovering and still intend to go and process my student pass in Mbarara. I am unable to do the above mentioned in Kampala because of the penalties that may be encountered due to my delay in renewing.

I beg to report back to school as soon as I am in good health including having fixed demands by immigration authority.

Thank you,



**ESSIEN ENE SAMUEL**

**CC: HOD pathology**

**CC: HOD Micro Biology**

**CC: HOD pharmacology**

Mon 23.2017

Wednesday, January 25, 2017

The Academic Registrar,  
St. Augustine Int. University,  
Bbunga Hill, Kampala.

Dear Madam,

APPLICATION FOR STATEMENT OF RESULT

I write to humbly request for a print out of ~~the~~<sup>my</sup> results for the just concluded semester. I usually send a copy of my result every semester to my parents in order for them to assess my <sup>academic</sup> progress as well as send my fees for the next semester.

I look forward to your kind consideration.

Yours faithfully,  
*Ene Samuel Essien*

Ene Samuel Essien  
MBCHB/16A01/088.



May 23, 2017

The Deputy Vice Chancellor,  
Finance and Administration,  
St. Augustine International  
University, Bunga, Kampala.

Dear Madam,

### REQUEST FOR INVOICE

I write to kindly request for my school fees and functional fees invoice for my 4<sup>th</sup> semester (August-December 2017). This is to enable me process and pay my fees in time.

Thank you for your kind consideration.

Yours Sincerely,  
*Essien*

ESSIEN, Ene Samuel  
MBChB/KAO1/088

Invoice 0075