admissions@kcu.ac.ug	Form 2018/2019
PERSONAL INFORMATION	
Title(Dr/Mr/Ms/Mrs/Rev): Last Name(s): ONESMUS' First Name: ASIIMKE Date of Birth (DD/mm/yyyy) Gender: Marital Status: Male Female Single	
Passport/ID No Nationality Country of Birth: UGANDAN UGANDAN UGANDA	
Country of Ordinary Residence: U GAN DA STUDENT CAFTHOLIC	
Permanent Home Address (Physical Address) Ggaba, BUNGA, MAKINDYE, KAMPTWA.	
Telephone No:	
Mobile No: 0779282654	
Email: ones musas i mul 6@gmail.com Date of Applicat	ion: 2'3rd March 2019
DETAILS OF PROGRAM(S) TO STUDY To select a program, refer to www.kcu.ac.ug)	
1st Choice: BARCHELOR OF LAWS	
2nd Choice: BARCHELORS DEGREE OF LAINS	
3rd Choice:	
Please indicate how you heard about KCU Program Website V Newspaper Socia	al Media Friend
Mode of fees payment Per semester Per Year Entire Program duration	
Proposed start date Januay 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 30, March 30 or July 30 respective of the intake of The year you are seeking admission.	ONLY
Undergraduate Applications Office of the Registrar King Ceasor University Bunga Hill Main Campus, P.O. Box 88, Kampala, Uganda Mobile: +256 444 540,+256 772 571 312	
Mobile: +256 444 540,+256 772 577 512 Email:admissions@kcu.ac.ug,info@kcu.ac.ug,contact@kcu.ac.ug Course For further information please visit www.kcu.ac.ug	

PARENT/GUARDIAN INFORMATION

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(Give details of Parents and Guardian where applicable)

Father Is father living? Yes V No(Date Deceased 8 th JAN 2019)	
Name: IUMUSTIME DEUS	
Nationality:	
UGANDAN	
Occupation: PARISH CHIEF	
Telephone No: Include Area/Country code 0777 20105	
Mobile No: Include Area/Country code 0777 120 105	1
Email:	
Mother	
Is Mother living? Ves No (Date Deceased)	
Name: JUSHEMEREIRNE BONHY	
Nationality: UFIANDAN	
Occupation: PERSANÍ	
Telephone No: Include Area/Country code 0788274008	
Mobile No: Include Area/Country code 0788274008	
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:	

PREVIOUS EDUCATION

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SECONDARY SCHOOL LEAVING EXAMINATION UGANDA ADVANCED CERTIFICATE OF EDUCATION (UACE) OR EQUIVALENT Certi ed photocopies of results certi cates must be attached to this application for

Examining Authority:	UGAN	ADA	CERTI	F. X	DVA	NCEI	s ce	RTIF	ich	TE OF EWLATI	Ore
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University/Institute / College	Quali cations Obtained	

PERSONAL STATEMENT
please provide a short statement indicating why you want to undertake this Program(your first preference)
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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 ARINALIWE BENEDILI
Physical Address NAKAJERO II, KYADONDO, KAMPALA
Address NAKASERO Postcode
City/Town KAMPALA Telephone No
MobileNo: 0787-6514300 Fax
Country UGANDA Email bendictariegnail.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

Date:

23rd March

2019

Aganda National Examinations Board



This is to certify that the candidate named below, and whose photograph appears, sat for the Uganda Advanced Certificate of Education Examination in the year 2018, and qualified for the award of the



Uganda Advanced Certificate of Education

The candidate passed at the level shown (Principal or Subsidiary) in the subject(s) named and attained the Grade(s) as indicated.

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SUBJECTS RECORDED: Five

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U.A.C.E STANDARD

/ / Secretary /ganda National Examinations Board



GRADE

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Chairperson Uganda National Examinations Board

Not valid without a hologram with the UNEB crest. Hold this document to the light to verify $\mathbf{S}_{\underline{\mathbf{0}}}$ can be seen through the paper.

A thread is running vertically through the sheet. The photograph of the candidate is printed, not affixed.



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(See overleaf)

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This result slip is not a certificate. The Uganda National Examinations Board reserves the right to correct the information given on results slips.

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RESULTS FOR THE PRIMARY LEAVING EXAMINATIONS

P.L.E. 2012

MATHEMATICS SOCIAL STUDIES BASIC SCIENCE & HEALTH EDUC. ENGLISH KIGARAMA 1 PRIMARY SCHOOL ASIIMWE ONESMUS MITOOMA N (THREE) (FOUR) (TWD) 001090/017

GRADE AGGREGATE

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