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This box is for University use only

Undergraduate Application Form 2018/2019 Academic Year

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

PERSONAL INFORMATION

Title(Dr/Mr/Ms/Mrs/Rev): <u>Mr</u>		Last Name(s): <u>ISAAC</u>	
First Name: <u>ABRA</u>		Date of Birth (DD/mm/yyyy)	
Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Others (Specify) <input checked="" type="checkbox"/>		
Passport/ID No..	Nationality <u>Uganda</u>	Country of Birth: <u>UGANDA</u>	
Country of Ordinary Residence: <u>UGANDA</u>	Occupation: <u>Student</u>	Religion:	



Permanent Home Address
(Physical Address)

Mukono

Telephone No: +256 771929153

Mobile No:

Email:

Date of Application: 20th / March / 2019

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

1st Choice: <u>Diploma in Clinical Medicine</u>			
2nd Choice:			
3rd Choice:			
Please indicate how you heard about KCU Program			
Website <input checked="" type="checkbox"/>	Newspaper <input type="checkbox"/>	Social Media <input 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			
January 2019 <input type="checkbox"/>	April 2019 <input checked="" type="checkbox"/>	August 2018 <input 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 30, March 30 or July 30 respective of the intake 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: +256 444 540, +256 772 571 312
Email: admissions@kcu.ac.ug, info@kcu.ac.ug, contact@kcu.ac.ug

For further information please visit www.kcu.ac.ug

FOR OFFICIAL USE ONLY

School Decision

Application No.

Course

PARENT/GUARDIAN INFORMATION

(Give details of Parents and Guardian where applicable)

Father

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

Name: Okwir peter

Nationality: uganda

Occupation: Businessman

Telephone No:
Include Area/Country code 0774523628

Mobile No:
Include Area/Country code

Email:

Mother

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

Name: Okwir delys

Nationality: Uganda

Occupation: Business woman

Telephone No:
Include Area/Country code +256776744378

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:

PREVIOUS EDUCATION

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:

Uganda National Examination Board

Name and Address of School:

LUGAZI MIXED SCHOOL NAALYA

Year of Examination:

2018

Index No.

U1379/657

Subjects	Results/Grade						Overall Grade
	Papers						
	1	2	3	4	5	6	
Mathematics							E
Chemistry							D
Biology							C
Subsidiary Computer							I

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 EXAMINATION BOARD

Name and Address of School:

TALENTS COLLEGE MUKONO

Year of Examination:

2016

Index No.

U1508/012

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	8	ENGLISH LITERATURE		MUSIC	
AGRICULTURE		FINE ART	4	PHYSICS	6
BIOLOGY	6	FRENCH		RELIGIOUS EDUCATION	
CHEMISTRY	3	GEOGRAPHY	5	TECHNICAL DRAWING	
COMMERCE		HISTORY	4	computer studies	5
ENGLISH LANGUAGE	7	MATHEMATICS	5		

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 brief statement about why you want to undertake this Program (your first preference)

It has been my intention to become an industrial engineer since I started school but for some reason I had always made the wrong choices.

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		MIMI SIKUYA TREVOR	
Physical Address		SALAMA MUDONYO	
Address	SALAMA	Postcode	
City/Town		Telephone No	
Mobile No:	0771519465	Fax	
Country		Email	

DECLARATION

- I certify that the information provided, the statements made by myself and documents attached, are to the best of my knowledge, true and accurate.
- 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.
- 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:

20th / March / 2019

Uganda 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.

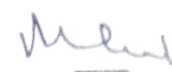
ABRA ISAAC
LUGAZI MIXED SCHOOL NAALYA, P.O.BOX 225 LUGAZI
DATE OF BIRTH: 13-DEC-1998

U1379 637

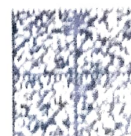
	U.A.C.E STANDARD	GRADE
MATHEMATICS	PRINCIPAL	E
CHEMISTRY	PRINCIPAL	D
BIOLOGY	SUBSIDIARY	O
SUBSIDIARY COMPUTER	SUBSIDIARY	1

SUBJECTS RECORDED: Four


Secretary
Uganda National Examinations Board


Chairperson
Uganda National Examinations Board

Not valid without a hologram with the UNEB crest.
Hold this document to the light to verify 5g can be seen
through the paper.
A thread is running vertically through the sheet.
The photograph of the candidate is printed, not affixed.



A 0682612

(See overleaf)

0 4645031



2016 U.C.E.

EXAMINATION FOR THE UGANDA CERTIFICATE OF EDUCATION

ABRA ISAAC
TALENTS COLLEGE, MUKONO

U1508/012
P.O. BOX 549 MUKONO

ENTRY CODE:1 DATE OF BIRTH: 13/12/1998

1 ENGLISH
2 HISTORY
2 GEOGRAPHY
4 MATHEMATICS
5 PHYSICS
5 CHEMISTRY
5 BIOLOGY
6 ART AND DESIGN
8 PRINC OF ACCOUNTS
8 COMPUTER STUDIES

7 (SEVEN)
4 (FOUR)
5 (FIVE)
5 (FIVE)
6 (SIX)
3 (THREE)
6 (SIX)
4 (FOUR)
8 (EIGHT)
5 (FIVE)

GRADE AGGREGATE 38

*** RESULT 2 ***

Please see overleaf

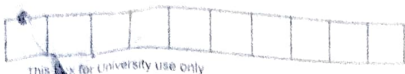
1.

ST. AUGUSTINE INTERNATIONAL UNIVERSITY

Plot No. 88 Bunga Hill, Kampala, Uganda

STUDENT ADMISSION AND ELIGIBILITY STATUS

1	STUDENT NAME	ABRA ISAAC.
2	COURSE APPLIED FOR	DIPLOMA IN CLINICAL MEDICINE.
3	ACADEMIC YEAR AND INTAKE	APRIL - 2019.
4	QUALIFICATION:	1. U.C.E. 2. U.A.C.E. 3. 4. 5.
5	COMMENTS BY THE ADMISSIONS OFFICE	Does he qualify for Dcm?
6	COMMENTS OF THE LEGAL OFFICER	He Qualifies for Dcm
7	FINAL COMMENTS OF ELIGIBILITY	* Must provide official UACE Transcript & Certificate. * He is eligible for DCM. Please Admit.



Undergraduate
Application Form 2018/2019, 2019 and 2019/2020 Academic Year

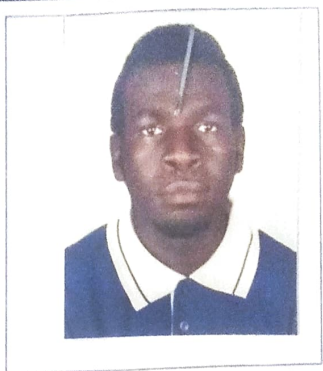
Bunga Hill Main Campus, P.O. Box 88, Kampala, Uganda
Mobile: +256 705 444 540, +256 784290233
Email: admissions@saiu.ac.ug, Website: www.saiu.ac.ug

On Scholarship: Yes ☐ No ☒ If Yes, Scholarship Name:.....

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

PERSONAL INFORMATION

Title (Dr/Mr/Ms/Mrs/Rev):		Last Name(s): ISAAC	
First Name: ABRA		Date of Birth: (dd/mm/yyyy) 13/12/1998	
Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Others (Specify) <input checked="" type="checkbox"/>		
Passport / ID No: 1322950000F2F	Nationality: UGANDAN	Country of Birth: UGANDA	
Country of Ordinary Residence: UGANDA	Occupation: student	Religion: Born Again	



Permanent Home Address
(Physical Address)

MUKONO - NABUTI

Telephone No: +256 776744378	Date of Application: 2 nd / 04 / 2019
Mobile No: +256 756431264	
Email: eliasacuma@gmail.com	

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

1st Choice: DIPLOMA IN CLINICAL MEDICINE	
2nd Choice: DIPLOMA IN PHARMACY	
3rd Choice: DIPLOMA OF DENTAL SURGERY	
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 2019 <input type="checkbox"/> April 2019 <input checked="" type="checkbox"/> August 2019 <input type="checkbox"/>	

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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

School Decision
Application No.
Course

For further information please visit www.saiu.ac.ug

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

Mr. BAKUNZI DEOS

Name and Address of School

NAALYA SECONDARY SCHOOL LUGAZI CAMPUS
P.O. BOX 225, LUGAZI

Year of Examination

2018

Index No

U1379/637

Subjects

(Include whether Principal (P) or Subsidiary (S))

Results/Grade

Papers

Overall Grade

1 2 3 4 5 6

BIOLOGY

6

9

7

O

CHEMISTRY

5

4

5

D

MATHEMATICS

6

5

E

INFORMATION AND COMMUNICATION TECHNOLOGY (ICT)

1

O

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

Mr. MUBEEZI IBRAHIM

Name and Address of School

TALENTS COLLEGE MUKONO
P.O. BOX 549 MUKONO

Year of Examination

2016

Index No

U1508/012

Subjects

(Include 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	8	ENGLISH LITERATURE		MUSIC	
AGRICULTURE		FINE ART	4	PHYSICS	6
BIOLOGY	6	FRENCH		RELIGIOUS EDUCATION	
CHEMISTRY	3	GEOGRAPHY	5	TECHNICAL DRAWING	
COMMERCE		HISTORY	4		
ENGLISH LANGUAGE	7	MATHEMATICS	5		

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



LUGAZI MIXED SCHOOL - NAALYA

LUGAZI CAMPUS

P. O. Box 225,
Lugazi - Uganda
Tel: 0712 - 284187 / 0776 - 284187
E-mail: lugazimixednaalya@yahoo.com

Our Ref:

Your Ref:

15/03/2019
Date:

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

RE: ABRA ISAAC

This is to certify that the above mentioned person was a student of this school.
He completed his U.A.C.E examinations in 2018 under Index Number U1379/637
and obtained the following results:

CODE	PAPER		GRADE
S101	GENERAL PAPER	—	8
S850	SUBSIDIARY ICT	—	1
P425	MATHEMATICS	—	E(6,5)
P525	CHEMISTRY	—	D(5,4,5)
P530	BIOLOGY	—	O(6,9,7)
TOTAL POINTS			07

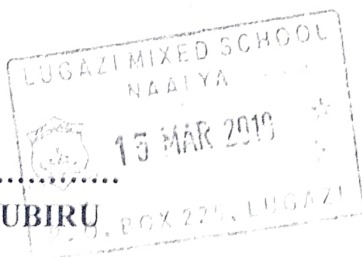
While with us, Isaac was a well-disciplined and co-operative student.

Any assistance rendered to him will be highly appreciated.

Yours in service,

PP. 

RITA MUTAAWE MUBIRU
HEAD TEACHER



REG No: 160027CuJ15p51

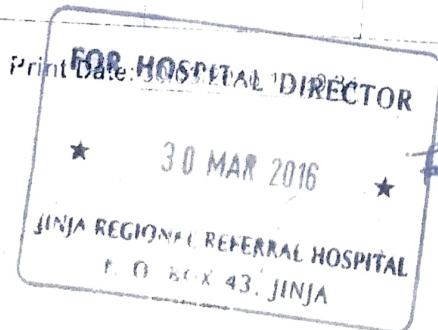


NRA
National Registration Authority
Established by the Constitution
of Uganda, 1995
Ministry of Health
P.O. Box 43, Jinja

BIRTH NOTIFICATION RECORD

Registration of Persons Act, 2015

SURNAME		OTHER NAMES			
ABRA		ISAAC			
DATE OF BIRTH OF CHILD	SEX	DISTRICT	SUB-COUNTY	PARISH	VILLAGE
1998-12-13	MALE	JINJA	JINJA CENTRAL DIVISION (JINJA REGIONAL REFERRAL HOSPITAL)		
NAME OF FATHER	NATIONALITY OF FATHER	NIN/AIN	NAME OF MOTHER	NATIONALITY OF MOTHER	NIN/AIN
OKWIR PETER	Ugandan		OKWIR DILLIS	Ugandan	



MARIA. D.
Notifier of births and deaths.