



J19/130

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

Friday 18th January, 2019

Dear Mr. Said Abdisalan Ahmed,

REGISTRATION NO: 2019J/DCM/1013

ADMISSION FOR JANUARY INTAKE 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 **DIPLOMA IN CLINICAL MEDICINE AND COMMUNITY HEALTH** 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.

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

Reporting Date: **Monday 14th January, 2019**

Registration

This admission 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 2019/2020 are **United States Dollars Five hundred Eighty (\$580)** per semester. Payment should strictly be made to account details A/C Name St. Augustine International University, A/C No. 02363504848976 DFCU BANK, Kampala – Uganda. All fees are payable **in full** before the beginning of each semester. National Council for Higher Education fee is **UG SHS 20,000** per year, payable at any Stanbic Bank branch.

Congratulations upon your admission to St. Augustine International University. We look forward to you integrating into a new and vibrant intellectual community.

A handwritten signature in black ink, likely of the Academic Registrar, is written over a horizontal line.

0811PIT

Yours Sincerely



Professor Nzarubara Gabriel

Vice Chancellor

Please note:

1. Fees paid are nonrefundable.
2. The University is non-residential.
3. A certified translation must be provided for all documents in a language other than English.
4. 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

Plot No. 88 Bunga Hill, Kampala, Uganda

STUDENT ADMISSION AND ELIGIBILITY STATUS

1	STUDENT NAME	SAID ABDISALAN AHMED
2	COURSE APPLIED FOR	DCM
3	ACADEMIC YEAR AND INTAKE	2019/20
4	QUALIFICATION:	1. Certificate in Public Health 2. O level from Somalia 3. 4. 5.
5	COMMENTS BY THE ADMISSIONS OFFICE	He qualifies for DCM
6	COMMENTS OF THE LEGAL OFFICER	He Qualifies for Dcm.
7	FINAL COMMENTS OF ELIGIBILITY	



ST. AUGUSTINE
INTERNATIONAL
UNIVERSITY

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

Undergraduate

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

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): SAID	
First Name: ABDISALAN AHMED		Date of Birth: (dd/mm/yyyy) Jan 1968	
Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Marital Status: Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Others (Specify) <input type="checkbox"/>		
Passport / ID No. 12541497	Nationality: SOMALI	Country of Birth: SOMALIA	
Country of Ordinary Residence: SOMALIA	Occupation: 1	Religion: Islam	

Permanent Home Address
(Physical Address)

KLEZIA ZONE
WABIGALU PARISH
MALKINDYE DIVISION. KAMBALA-

Telephone No:

Mobile No: +91 54721551064

Mobile No. +254721551067 Date of Application: 09/01/2019
Email: Abdissalamasaid@gmail.com

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

1st Choice:

Diploma of Clinical Medicine

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 2019

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

Office of the Registrar
St Augustine International University

St Augustine International University
Bunga Hill Main Campus, P.O. Box 88, Kampala, Uganda
Tel: +256 471 220033

Mobile: +256 705 444 540, +256 784290233

Mobile: +256 705 444 540, +256 784290233
Email: admissions@sai.ac.ug, ai@sai.ac.ug, contact@sai.ac.ug

For further information please visit www.sau.ac.uk

FOR OFFICIAL USE ONLY

School Decision

School Decision
Admitted to DCM

Application No. _____

COURSE

PARENT/GUARDIAN INFORMATION

(Give details of Parents and Guardian where applicable)

Father	
Is father living?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Date Deceased <u>1979</u>) dd/mm/yyyy
Name:	Ahmed SAid Mohamed
Nationality:	Somali
Occupation:	Business businessman
Telephone No:	
Include Area/Country code	
Mobile No:	
Include Area/Country code	
Email:	

Mother	
Is Mother living?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Date Deceased <u>1990</u>) dd/mm/yyyy
Name:	Saida Osman - Abdalla
Nationality:	Somali
Occupation:	House wife
Telephone No:	
Include Area/Country code	
Mobile No:	
Include Area/Country code	
Email:	

Guardian	
Is Guardian living?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Date Deceased _____) dd/mm/yyyy
Name:	SAid Ahmed SAid
Nationality:	Somali
Occupation:	Hospital manager
Telephone No:	+252097736098 -252907736098 -3
Include Area/Country code	
Mobile No:	+25208 +2520 +252906796098
Include Area/Country code	
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:

Name and Address of School:

Year of Examination:

Index No.

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

Somali Democratic Republic
Ministry of Education, Examination Board

Name and Address of School:

Bartamaha, hamar secondary school

Mogadisho - Somalia

Year of Examination:

1988/89

Index No.

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	78%
BIOLOGY	78%	FRENCH		RELIGIOUS EDUCATION	83%
CHEMISTRY	88%	GEOGRAPHY	87%	TECHNICAL DRAWING	
COMMERCE		HISTORY	86%		
ENGLISH LANGUAGE	84%	MATHEMATICS	82%		

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 / PartTime / Distance
H.P.T.I	Certificate	1983	3 years
Health personnel Training Institute	of Public Health and Communicable Disease		
Mogadisho - Somalia			

PERSONAL STATEMENT

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

To obtain extra knowledge of health
~~profession~~ - professional diploma level or degree.

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	MAHFUD AHMED SAID		
Physical Address	GUTALE MODERN HOSPITAL		
Address	Postcode		
City / Town	QARDHO	Telephone No	
Mobile No:	+252 90779	Fax	
Country	SOMALIA	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



Date:

09/01/2019

JAMHURIYADDA DIMOGRADIGA SOOMALIYA

WASAARADDA CAAFIMAADKA

Lamb. Diwaanka Guud 983
Machadka Tab. K21-Ka21, yaaasho "Xamar"

Shahaadada Maccaahidda Caafimaadka

Waxaa halkan laga markhaati kacayaa in

Jaalle C/saadam Ahmed Saciid

uu dhammaystay/satay Tababaraka Caafimaadka Guud
laga bilaabo 1/1/1981 ilaa 1/5/1983

kuna guuleystay/satay Imtixaanka galin-jebinta taasoo u oggol-
aneystay uu gaalo/qaadato Isticmaalka magaca Public Health
Taariikh. 15/3/1990 and. C - Disease.

WASAARADDA CAAFIMAADKA
SOMALIYA





جمهورية الصومال الديمقراطية اعطيه

وزاره الصحة

٥٨٢

رقم السجل العام:

معد التدريب : المخرضة / المخرضة / المخرضة



شهاد المعاهد الصحية

عبد الله احمد لسه

نشهد بأن السيد / السيدة

قد اكمل / اكمات النهج المقرر في الدوب التدريب لمدة سنتين بفاع
في الفترة ١٩٨١ / ٨ / ١ الى ١٩٨٢ / ٥ / ٨

واجتازات الامتحان النهائي وعليه فقد اعطيت الصحة الكاملة

تاريخ ١٩٩١ / ٢ / ١٥



SONALI DEMOCRATIC REPUBLIC
MINISTRY OF EDUCATION
EXAMINATION BOARD.

SECONDARY SCHOOL LEAVING CERTIFICATE.

The Examination board certifies that Abdulsalam Ahmed Said his mother's name Said Osman Abtalla born in Mogadishu on 10 May 1966. Has successfully completed his secondary school studies in the school year 1988/89. his Roll-NO. 12973 at "Bartamaha Famar Secondary School" and obtained an average of 85.00%

Below are the results of final Examination.

1) Somali/Rev. Educ	84%	2) Arabic/Religion	83%
3) English	80%	4) History	85%
5) Geography	87%	6) Mathematics	82%
7) Biology	78%	8) Physics	75%
9) Chemistry	88%		

The secondary school leaving certificate is issued to the student who passes at least six subjects with 40% and above in each subject and a minimum of 50% in the aggregate of the total marks scored in these six subjects.

Date : 10.9.1990.

N.B: ANY ALTERATION RENDERS THIS CERTIFICATE INVALID.

I certify that the above signature is true
 Director General of the Ministry of Educ.

Ahmed Said Karshe

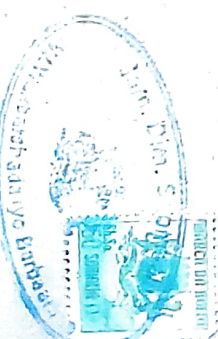


Chairman of Examination Board



Ahmed Said Karshe
 Director General of the
 Ministry of Education
 Mogadishu - 19/9/1990

No 9334356/89
 Director General of Education







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

Friday 18th January, 2019

Dear Mr. Said Abdisalan Ahmed,

RE: OFFER LETTER FOR JANUARY 2019 INTAKE IN YEAR 1 SEMESTER 1

On the basis of your application and attached copies of academic documents, the Admissions Board has recommended to the University that you be admitted to our Executive Programme leading to the award of **DIPLOMA IN CLINICAL MEDICINE AND COMMUNITY HEALTH** 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 programmes. We take pride both in the exceptional stature of SAIU faculty and the commitment to quality education. Vacancies for the offered Programme are limited therefore you are requested to confirm your acceptance of this offer not later than **15th December, 2018** by payment of the tuition fees. Due to limited vacancies on this Programme you are advised to pay the above fees as soon as possible so that you can be issued with an **Admission Letter while there are still vacancies on the January 2019 intake. The academic year starts on 14th January, 2019.** After fulfillment of the above condition, an official **Admission Letter** will be issued to you. 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 2019/2020 are **United States Dollars Four hundred Eighty (\$480)** 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



Professor Nzarubara Gabriel
Vice Chancellor

ST.AUGUSTINE

INTERNATIONAL UNIVERSITY

"Moral Rearmament, Wealth Multiplication"

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.

SAIU

Name: **Said Abdisalan Ahmed**

Mob: 254721551064

Email: abdisalanasaid@gmail.com

Year: One Semester : One

Signature: 

ENROLLED PROGRAMME

DCM

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



Plot 31, Bunga Hill, Ggaba Road
P.o.Box 88, Kampala, Uganda
+256772 571 444, +256755 444 540
contact@saiu.ac.ug web: www.saiu.ac.ug

College: Medicine, Health and Life Sciences

Student Name: **Said Abdisalan Ahmed**

Academic Year : 2018/2019

Year 1 Semester 1

Date: 18/01/2019

Form No.

Invoice Number: SAIU19/112

Receipt No.

Application No.

Invoice to: **Said Abdisalan Ahmed**

Programme: DCM

Particulars

Amount (USD)

Amount Total (USD)

Tuition Fees

\$580.00

\$580.00

Application fees

\$21

\$21

Other (s)

PAID

Payment terms: Total

\$601.00

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 issued with an admission letter and 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.

SIGNED IN THE PRESENCE OF:


Mrs. Luvina Arun +256 757 234 814 luvina700@gmail.com
DVC: Finance

STAMP

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



THE REPUBLIC OF KENYA

DIS@IMMIGRATION.GO.KE,
WWW.IMMIGRATION.GO.KE,
+254-20-2222022,
+254-20-2217544,
+254-20-2218833.



TP-AAABBWH4



TEMPORARY PERMIT

NUMBER	DATE OF ISSUE	DATE OF EXPIRY
TP-AAABBWH4	17 APRIL 2018	16 APRIL 2019

HOLDERS INFORMATION

FULL NAME: ABDISALAN AHMED SAID	
DATE OF BIRTH: 01 JANUARY 1974	GENDER: MALE
NATIONALITY: KENYAN	ID NUMBER: 12541497
OCCUPATION: BUSINESS	HEIGHT: 5FEET 06INCHES

CONTACT DETAILS

MOBILE NUMBER: +254721551064	EMAIL ADDRESS NUMBER: SAID1974@GMAIL.COM
POSTAL ADDRESS: 50 - 00100 NAIROBI GPO	NEXT OF KIN PHONE NUMBER: 721389391

The holder of this permit has stated to me that he/she is not in possession of a valid passport. He/She desires to travel to **East Africa and South Sudan** for the purpose of **Educational/Academic**.

This permit is issued to facilitate his/her journey and is subject to compliance with the immigration regulations in force in this and the other adjoining partner states.

The holder of this permit will be permitted to return to Kenya within the validity of this permit.

This permit is valid until **16 April 2019** and must be surrendered to the Director of Immigration Services, Nairobi, on Expiry.

Present this document together with your original Identification Card for adults and a **Original Birth Certificate** for minors whose parent(s) must be Kenyan.

Print And Present your Temporary Permit for validation at any Immigration office on or before **17 May 2018**. Otherwise it will be Deemed to have Expired


APPLICANTS SIGNATURE

FOR DIRECTOR OF IMMIGRATION SERVICES

THIS DOCUMENT IS ISSUED UNDER THE AUTHORITY OF THE DEPARTMENT OF IMMIGRATION SERVICES.



THE REPUBLIC OF KENYA

DEPARTMENT OF IMMIGRATION SERVICES

Nyayo house
Nyayo House 9th floor, Kenyatta Avenue/Uhuru Highway
P.O Box 30191,00100 Nairobi.
Tel: +254-20-2222022, +254-20-2217544, +254-20-2218833
Email: dis@immigration.go.ke
Website: <http://www.immigration.go.ke>

TP-AAABBWH4

INVOICE PAID

INVOICE: INV-2955422

DATE: 17 April 2018

TO
Customer ID: 12541497
Name: ABDISALAN AHMED SAID
Email: said1974@gmail.com
Residential Address: Å
P.O. Box: Å
Tel:

Å

Å

Service Code	Service Description	Amount (KES)
1111111	Convenience fee	50
1420226-002	01. Temporary Permit FOR ADULT	300
Total (KES)		350



Payment Mode: Å

Reference Number: 2536/258054/2708138



Note: This document is computer generated and therefore not signed. It is valid document issued under the authority of The
DEPARTMENT OF IMMIGRATION SERVICES

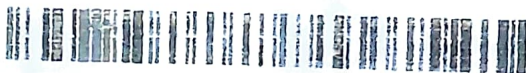


THE REPUBLIC OF KENYA

DIS@IMMIGRATION.GO.KE,
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+254-20-2217544,
+254-20-2218833.



TP-AAABSWH4



TEMPORARY PERMIT

NUMBER	DATE OF ISSUE	DATE OF EXPIRY
TP-AAABSWH4	17 APRIL 2018	16 APRIL 2019

HOLDERS INFORMATION

FULL NAME: ABDISALAN AHMED SAID	
DATE OF BIRTH: 01 JANUARY 1974	GENDER: MALE
NATIONALITY: KENYAN	ID NUMBER: 12541497
OCCUPATION: BUSINESS	HEIGHT: 5FEET 06INCHES

CONTACT DETAILS

MOBILE NUMBER: +254721551064	EMAIL ADDRESS NUMBER: SAID1974@GMAIL.COM
POSTAL ADDRESS: 50 - 00100 NAIROBI GPO	NEXT OF KIN PHONE NUMBER: 721389391

The holder of this permit has stated to me that he/she is not in possession of a valid passport. He/She desires to travel to East Africa and South Sudan for the purpose of Educational/Academic.

This permit is issued to facilitate his/her journey and is subject to compliance with the immigration regulations in force in this and the other adjoining partner states.

The holder of this permit will be permitted to return to Kenya within the validity of this permit.

This permit is valid until 16 April 2019 and must be surrendered to the Director of Immigration Services, Nairobi, on Expiry.

Present this document together with your original Identification Card for adults and a Original Birth Certificate for minors whose parent(s) must be Kenyan.

Print And Present your Temporary Permit for validation at any Immigration office on or before 17 May 2018. Otherwise it will be Deemed to have Expired

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FOR DIRECTOR OF IMMIGRATION SERVICES

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THE REPUBLIC OF KENYA

DEPARTMENT OF IMMIGRATION SERVICES

Nyayo house
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P.O Box 30191, 00100 Nairobi.
Tel: +254-20-2222022, +254-20-2217544, +254-20-2218833
Email: dis@immigration.go.ke
Website: <http://www.immigration.go.ke>

TP-AAABBWH4

INVOICE PAID

INVOICE: INV-2955422

DATE: 17 April 2018

TO
Customer ID: 12541497
Name: ABDISALAN AHMED SAID
Email: said1974@gmail.com
Residential Address: Å
P.O. Box: Å
Tel: Å

Service Code	Service Description	Amount (KES)
111111	Convenience fee	50
1420226-002	01. Temporary Permit FOR ADULT	300
Total (KES)		350



Payment Mode: Å

Reference Number: 2536/253624/2706136



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DEPARTMENT OF IMMIGRATION SERVICES

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