



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

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This box is for University use only

Undergraduate Application Form 2017/2018 Academic Year

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

PERSONAL INFORMATION

Title(Dr/Mr/Ms/Mrs/Rev):		Last Name(s): BYAMUGISA	
First Name: HILLARY		Date of Birth (DD/mm/yyyy): 20/11/1996	
Gender:	Marital Status:		
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Others (Specify) <input type="checkbox"/>		
Passport/ID No..	Nationality: UGANDAN	Country of Birth: UGANDA	
Country of Ordinary Residence: UGANDA	Occupation: STUDENT	Religion: CATHOLIC	



Permanent Home Address
(Physical Address)

Keitumura-kyatoko Rukungiri

Telephone No: **0776857434**

Mobile No: **0751963980**

Email: **hillarykalandikwa@gmail.com**

Date of Application:

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

1st Choice:	MBCHB		
2nd Choice:			
3rd Choice:			
Please indicate how you heard about KCU Program			
Website	Newspaper	Social Media	Friend <input checked="" type="checkbox"/>
Mode of fees payment			
Per semester	Per Year	Entire Program duration	
Proposed start date			
January 2018	April 2018	August 2018 <input checked="" 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Date Deceased _____)
Name: <u>TURYAHEBWA GEORGE</u>
Nationality: <u>UGANDAN</u>
Occupation: <u>PEASANT</u>
Telephone No: Include Area/Country code
Mobile No: Include Area/Country code
Email:

Mother
Is Mother living? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Date Deceased _____)
Name: <u>BARYAHEBWA GEORGE</u>
Nationality: <u>UGANDAN</u>
Occupation: <u>Nurse</u>
Telephone No: Include Area/Country code
Mobile No: Include Area/Country code
Email:

Guardian
Is Guardian living? <input type="checkbox"/> Yes <input type="checkbox"/> 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:

UNEB

Name and Address of School:

MBOMA ROYAL COLLEGE MUKONO

Year of Examination:

2014

Index No.

U1891/629

Subjects	Results/Grade						Overall Grade
	Papers						
	1	2	3	4	5	6	
BROADWAY CHEMISTRY	7	4	5				D.
BIOLOGY	3	4	3				B.
MATHEMATICS	4	5					C
General Paper							4
Subsidiary Computer.							2.

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:

UNEB

Name and Address of School:

NFARE SCHOOL - MBARARA

Year of Examination:

2012

Index No.

U0068/074

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	3
BIOLOGY	4	FRENCH	6	RELIGIOUS EDUCATION	2
CHEMISTRY	4	GEOGRAPHY	3	TECHNICAL DRAWING	
COMMERCE		HISTORY	3	computer studies	6
ENGLISH LANGUAGE	3	MATHEMATICS	3		

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)

To become a good Doctor and save lives.

REFERENCES

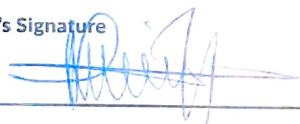
Please provide the name of a person who is aware of your academic or professional ability and can support your application by providing a reference. (N.B: Referee should not be related to you in anyway).

Name of Referee HEAD TEACHER NTARE SCHOOL.		
Physical Address		
Address	Postcode	
City/Town MBARARA.	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 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:

9/13/26. 26/7/2016.

0138285



EXAMINATION FOR THE UGANDA CERTIFICATE OF EDUCATION

RYAMUGISHA HILLARY

NTARE SCHOOL

(AGE 16)

U0069/074 ENTRY CODE 1

P.O. BOX 57 MBARARA

2012 U.C.E.

GRADE AGGREGATE 25

*** RESULT 1 ***

1	ENGLISH	3
2	CHRISTIAN RELIG ED	3
2	HISTORY	3
2	GEOGRAPHY	3
3	FRENCH	3
4	MATHEMATICS	6
5	PHYSICS	3
5	CHEMISTRY	3
5	BIOLOGY	3
6	COMPUTER STUDIES	4



1830877



NOV/DEC 2014 U.A.C.E.

EXAMINATION FOR THE UGANDA ADVANCED CERTIFICATE OF EDUCATION

BYAMUGISHA HILLARY
MPOMA ROYAL COLLEGE

(AGE 18)

U1891/629

ENTRY CODE 5

GENERAL PAPER
MATHEMATICS
CHEMISTRY
BIOLOGY
SUBSIDIARY COMPUTER

SUBSIDIARY PASS
PRINCIPAL PASS
PRINCIPAL PASS
PRINCIPAL PASS
SUBSIDIARY PASS

*** U.A.C.E. RESULT 5 ***

Please see overleaf

Subject Grades	Paper Grades					
	1	2	3	4	5	6
4						
C	4	5				
D	7	4	5			
B	3	4				
2						



REPUBLIC OF UGANDA
NATIONAL ID CARD

SURNOME
BYAMUGISHA

GIVEN NAME
HILLARY

NATIONALITY
UGA

M

M

DATE OF BIRTH
20.11.1995

CM95037108HTEE

CARD NO.
010387642

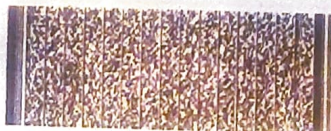
DATE OF EXPIRY
06.06.2025

HOLDERS SIGNATURE

[Signature]



RIGHT THUMB



VILLAGE: KYEBANDO CENTRAL
PARISH: KYEBANDO
S.COUNTY: KAWEMPE DIVISION
COUNTY: KAWEMPE DIVISION
DISTRICT: KAMPALA

IDUGA0103876421CM95037108HTEE<
9511202M2506067UGA150606<<<<<5
BYAMUGISHA<<HILLARY<<<<<<<<<<<