



# 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): <b>MANIRIHO</b>	
First Name: <b>BRIAN</b>		Date of Birth (DD/mm/yyyy): <b>17/03/1997</b>	
Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Marital Status: Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Others (Specify) <input type="checkbox"/>		
Passport/ID No..	Nationality: <b>UGANDAN</b>	Country of Birth: <b>UGANDA</b>	
Country of Ordinary Residence:	Occupation:	Religion: <b>ANGELICAN</b>	



Permanent Home Address  
(Physical Address)

**KISORO**

Telephone No: **0775373859**

Mobile No:

Email: **brianmaniraho21@gmail.com**

Date of Application: **16/4/2018**

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

1st Choice: <b>Bachelor's of Medicine and bachelors of Surgery -</b>
2nd Choice:
3rd Choice:
Please indicate how you heard about KCU Program Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Social Media <input checked="" type="checkbox"/> Friend <input type="checkbox"/>
Mode of fees payment Per semester <input type="checkbox"/> Per Year <input type="checkbox"/> Entire Program duration <input checked="" type="checkbox"/>
Proposed start date January 2018 <input type="checkbox"/> April 2018 <input checked="" type="checkbox"/> August 2017 <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 OFFICIAL USE ONLY

School Decision

Application No.

Course

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

# PARENT/GUARDIAN INFORMATION

(Give details of Parents and Guardian where applicable)

Father

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

Name: Ntibangwa Gwasa

Nationality: UGANDAN

Occupation: PEASANT

Telephone No: 0783725687  
Include Area/Country code

Mobile No:  
Include Area/Country code

Email:

Mother

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

Name: Mukamusoni Apapha

Nationality: UGANDAN

Occupation: Peasant

Telephone No:  
Include Area/Country code

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:



**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: <u>UNEB</u>	
Name and Address of School: <u>Kisiro Vision S.S.</u>	
Year of Examination: <u>2017.</u>	Index No. <u>U24131637</u>

Subjects	Results/Grade						Overall Grade
	Papers						
	1	2	3	4	5	6	
<u>Mathematics</u>	<u>3</u>	<u>4</u>					
<u>Biology</u>	<u>5</u>	<u>5</u>	<u>4</u>				
<u>Chemistry</u>	<u>5</u>	<u>5</u>	<u>4</u>				

**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: <u>UNEB</u>	
Name and Address of School: <u>St. Mary's College, Rushorore.</u>	
Year of Examination: <u>2014</u>	Index No. <u>U0080/168</u>

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	<u>4</u>	MUSIC	
AGRICULTURE		FINE ART		PHYSICS	<u>3</u>
BIOLOGY	<u>4</u>	FRENCH		RELIGIOUS EDUCATION	
CHEMISTRY	<u>2</u>	GEOGRAPHY	<u>4</u>	TECHNICAL DRAWING	
COMMERCE	<u>1</u>	HISTORY	<u>1</u>		
ENGLISH LANGUAGE	<u>4</u>	MATHEMATICS	<u>1</u>		

**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)

Passion based learning with due knowledge and value  
to save lives in future.

## 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 Xhibangwa Eliza.		
Physical Address Lisoso		
Address Lisoso	Postcode Lisoso.	
City/Town	Telephone No	
MobileNo:	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:

16/03/2018.



A 2257848



NOV/DEC 2017 U.A.C.E.

EXAMINATION FOR THE UGANDA ADVANCED CERTIFICATE OF EDUCATION

MANIRIHO BRIAN  
KISORO VISION SECONDARY SCHOOL  
ENTRY CODE: 6

DATE OF BIRTH: 17/03/1997

412413/637

GENERAL PAPER  
MATHEMATICS  
CHEMISTRY  
BIOLOGY  
SUBSIDIARY COMPUTER

FAIL  
PRINCIPAL PASS  
PRINCIPAL PASS  
PRINCIPAL PASS  
SUBSIDIARY PASS

\*\*\* U.A.C.E. RESULT SUMMARY \*\*\*

Please see overleaf

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

0 3781212



2014 U.C.E.

EXAMINATION FOR THE UGANDA CERTIFICATE OF EDUCATION

MANIRIHO BRIAN  
(AGE 17)

ST. MARY'S COLLEGE, RUSHOROZA

U0080/168 ENTRY CODE 1  
P.O. BOX 135 KABALE

- 1 ENGLISH
- 2 HISTORY
- 2 GEOGRAPHY
- 4 MATHEMATICS
- 4 ADDITIONAL MATHS
- 5 PHYSICS
- 5 CHEMISTRY
- 5 BIOLOGY
- 8 COMMERCE
- 8 COMPUTER STUDIES

- 4 (FOUR)
- 1 (ONE)
- 4 (FOUR)
- 1 (ONE)
- 3 (THREE)
- 3 (THREE)
- 2 (TWO)
- 4 (FOUR)
- 1 (ONE)
- 3 (THREE)

1. GRADE AGGREGATE 18

\*\*\* RESULT 1 \*\*\*

Please see overleaf



GIVEN NAME  
BRIAN

NATIONALITY  
UGA

M

DATE OF BIRTH  
17.03.1997

CARD NO.

007247533

NIN  
CM97018104HXCF

DATE OF EXPIRY  
18.04.2025

HOLDERS SIGNATURE

Therese



RIGHT THUMB



VILLAGE: GASOVU  
PARISH: GASOVU  
S.COUNTY: NYARUSIZA  
COUNTY: BUFUMBIRA  
DISTRICT: KISORO

GASOVU  
GASOVU  
NYARUSIZA  
BUFUMBIRA  
KISORO

IDUGA0072475337CM97018104HXC<  
9703175M2504188UGA150418<<<<<0  
MANIRIHO<<BRIAN<<<<<<<<<<<<<<