

UGANDA INSTITUTE OF INFORMATION AND COMMUNICATIONS TECHNOLOGY

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APPLICATION FORM FOR ADMISSION 2017/2018

To be filled in and submitted to the office of Academic Registrar on the above address with either a bank pay in slip or receipt as evidence of payment of application fees.

1. APPLICANTS DETAILS

Surname (in full): Other names (in full).....

Gender (Tick) Male Female Home District:

Date of Birth: (DD.....MMM.....YY.....) Marital Status:

Citizenship:

2. PROGRAMME AND SESSION (applied for as indicated on the brochure):

PROGRAMME e.g. Diploma in Information Technology Business		SESSION (Tick appropriate box)
a) First Choice		DAY <input type="checkbox"/>
b) Second Choice		EVENING <input type="checkbox"/>

3. BRIEFLY INDICATE REASONS FOR APPLYING FOR THIS PROGRAMME. What do you expect from it and how might this help you in the present job or future plans?

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4. EDUCATION:

O-LEVEL /UCE RESULTS:

A]	NAME OF SCHOOL:			
	YEAR OF EXAM:		INDEX NUMBER:	
	SUBJECTS OFFERED		GRADE attained: i.e. : 1, 2, 3,4,5,6, 7,8, or,9	
	a)			
	b)			
	c)			
	d)			
	e)			
	f)			
	g)			
	h)			
	i)			
	j)			
k)				

A-Level Results:

B]	Name of School:			
	YEAR OF EXAM:		INDEX NUMBER	
	SUBJECTS OFFERED		GRADE attained: i.e. : A, B, C, D, E, O, F, or 1, 2, 3,4,5,6, 7,8, or,9 for G.P	
	a)			
	b)			
	c)			
	d)			
e)				

(Attach copies of O-Level and A-Level pass slips and/or certificate from UNEB or your local examining Body for foreign students)

OTHER QUALIFICATIONS ATTAINED:

C]	NAME OF INSTITUTION(S) ATTENDED	DATES		QUALIFICATION OBTAINED
		FROM (Month & Year)	TO (Month & Year)	
a)				
b)				
c)				
d)				
e)				

(Please attach photocopies of Academic Testimonials and Certificates)

NOTE: Academic documents from foreign countries will need to be translated and equated by UNEB.

5. EMPLOYER/COMPANY PRESENT POST (brief details of present schedules of work including main activities and responsibilities)

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6. NAME & CONTACT OF SPONSOR (Commitment of the Sponsor is required before a firm offer of training is made).
 SPONSOR'S PHYSICAL AND POSTAL ADDRESS

.....

 TELEPHONE CONTACT:.....

.....
SPONSOR 'S NAME & SIGNATURE

.....
DATE & OFFICIAL STAMP (where applicable)

7. DECLARATION BY THE APPLICANT.

I have noted and understood the implications of giving incorrect information, I confirm that the information given on this form is provided above is correct and I fully understand the consequences of providing false information.

APPLICANT'S PHYSICAL AND POSTAL ADDRESS (IF DIFFERENT FROM THE SPONSOR'S ABOVE)

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 TELEPHONE CONTACT:.....

.....
SIGNATURE OF APPLICANT

.....
DATE

FOR OFFICIAL USE ONLY:

Admitted to (Programme): _____ **OR**

Not Admitted (State reason): _____

ACADEMIC REGISTRAR

Date and Stamp