

UGANDA INSTITUTE OF INFORMATION AND COMMUNICATIONS TECHNOLOGY

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APPLICATION FORM FOR ADMISSION 2019/2020

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 DAY EVENING) <input type="checkbox"/> appropriate box) <input type="checkbox"/>
a) First Choice	
b) Second Choice	

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)

1 OTHER QUALIFICATIONS ATTAINED:

C]	NAME OF INSTITUTION(S) ATTENDED	<u>DATES</u>		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