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This box for University use only



Bunga Hill Main Campus, P.O Box 26687, Kampala, Uganda  
Mobile: +256 705 444 540,+256 312 516 789  
Email: admission@saiu.ac.ug, Website: www.saiu.ac.ug

# Undergraduate Direct Entry Application Form 2016/2017

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

## PERSONAL INFORMATION

|  |  |                             |  |
|--|--|-----------------------------|--|
| Title (Dr/Mr/Ms/Mrs/Rev):  |  | Last Name(s):               |  |
| First Name:  |  | Date of Birth: (dd/mm/yyyy) |  |
| Gender:<br>Male <input type="checkbox"/> Female <input type="checkbox"/> | Marital Status:<br>Single <input type="checkbox"/> Married <input type="checkbox"/> Others(Specify below) <input type="checkbox"/> |                             |  |
| Passport / ID No.  | Nationality:   | Country of Birth:           |  |
| Country of Ordinary Residence:   |  | Occupation:                 |  |

Please attach a recent passport photograph

**Permanent Home Address**  
(Physical Address)

  
  
  
  
  
  
  
  
  
  

Telephone No:

Mobile No:

Email:

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

|   |                                       |                                   |  |
|---|---------------------------------------|-----------------------------------|--|
| 1st Choice:                                       |                                       |                                   |  |
| 2nd Choice:                                       |                                       |                                   |  |
| 3rd Choice:                                       |                                       |                                   |  |
| Please indicate how you heard about SAIU Programs |                                       |                                   |  |
| Website   | <input type="checkbox"/>              | Newspaper                         | <input type="checkbox"/>                         |
| Social media                                      | <input type="checkbox"/>              | Friend                            | <input type="checkbox"/>                         |
| Mode of fees payment                              | Per semester <input type="checkbox"/> | Per Year <input type="checkbox"/> | Entire program duration <input type="checkbox"/> |
| Proposed start date                               | August 2016 <input type="checkbox"/>  | January 2016                      | <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 June 30th of the year you are seeking admission.

**Undergraduate Applications  
Office of the Registrar  
St Augustine International University  
Bunga Hill Main Campus, P.O. Box 26687, Kampala, Uganda  
Mobile: +256 705 444 540,+256 312 516 789  
Email: admission@saiu.ac.ug**

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

## FOR OFFICIAL USE ONLY

|                 |
|-----------------|
| School Decision |
| Application No. |
| Course          |

## PARENT/GUARDIAN INFORMATION

(Give details of Parents and Guardian where applicable)

|   |
|---|
| <b>Father</b>   |
| Is father living? <input type="checkbox"/> Yes <input type="checkbox"/> No (Date Deceased _____ )<br>dd/mm/yyyy |
| Name:   |
| Nationality:  |
| Occupation:   |
| Telephone No:<br>Include Area/Country code  |
| Mobile No:<br>Include Area/Country code   |
| Email:  |

|   |
|---|
| <b>Mother</b>   |
| Is Mother living? <input type="checkbox"/> Yes <input type="checkbox"/> No (Date Deceased _____ )<br>dd/mm/yyyy |
| Name:   |
| Nationality:  |
| Occupation:   |
| Telephone No:<br>Include Area/Country code  |
| Mobile No:<br>Include Area/Country code   |
| Email:  |

|   |
|---|
| <b>Guardian</b>   |
| Is Guardian living? <input type="checkbox"/> Yes <input type="checkbox"/> No (Date Deceased _____ )<br>dd/mm/yyyy |
| Name:   |
| Nationality:  |
| Occupation:   |
| Telephone No:<br>Include Area/Country code  |
| Mobile No:<br>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<br><small>Include whether Principal (P) or Subsidiary (S)</small> | Results/Grade |   |   |   |   |   | Overall Grade |
|--|---------------|---|---|---|---|---|---------------|
|  | Papers        |   |   |   |   |   |               |
|  | 1             | 2 | 3 | 4 | 5 | 6 |               |
|  |               |   |   |   |   |   |               |
|  |               |   |   |   |   |   |               |
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**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:        |           |
| Name and Address of School: |           |
| Year of Examination:        | Index No. |

| Subjects<br><small>Provide Grade/Marks (not pass, credit, distinction) If a subject is not listed, include it in the spaces provided</small> |       |                    |       |                     |       |
|--|-------|--------------------|-------|---------------------|-------|
| Subject  | Grade | Subject            | Grade | Subject             | Grade |
| ACCOUNTING   |       | ENGLISH LITERATURE |       | MUSIC               |       |
| AGRICULTURE  |       | FINE ART           |       | PHYSICS             |       |
| BIOLOGY  |       | FRENCH             |       | RELIGIOUS EDUCATION |       |
| CHEMISTRY  |       | GEOGRAPHY          |       | TECHNICAL DRAWING   |       |
| COMMERCE   |       | HISTORY            |       |                     |       |
| ENGLISH LANGUAGE   |       | MATHEMATICS        |       |                     |       |

**ANY OTHER ACADEMIC QUALIFICATIONS**

Certified photocopies of results and certificates must be attached to this application form.

| University / Institute / College<br><small>(Include address and Country)</small> | Qualifications Obtained<br><small>(If any)</small> | Date Obtained | FullTime / Part Time / Distance |
|--|--|---------------|---------------------------------|
|  |  |               |                                 |
|  |  |               |                                 |
|  |  |               |                                 |
|  |  |               |                                 |

**PERSONAL STATEMENT**

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

Multiple horizontal lines for writing the personal statement.

**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  |              |
| Physical Address |              |
| Address          | Postcode     |
| City / Town      | 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 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:**

\_\_\_\_\_

\_\_\_\_\_