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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: Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital Status: 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

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 type="checkbox"/> Yes <input type="checkbox"/> No (Date Deceased _____) dd/mm/yyyy
Name:
Nationality:
Occupation:
Telephone No: Include Area/Country code
Mobile No: Include Area/Country code
Email:

Mother
Is Mother living? <input type="checkbox"/> Yes <input type="checkbox"/> No (Date Deceased _____) dd/mm/yyyy
Name:
Nationality:
Occupation:
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 _____) dd/mm/yyyy
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 and certificates must be attached to this application form.

Examining Authority:	
Name and Address of School:	
Year of Examination:	Index No.

Subjects <small>Include whether Principal (P) or Subsidiary (S)</small>	Results/Grade						Overall Grade
	Papers						
	1	2	3	4	5	6	

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 <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 <small>(Include address and Country)</small>	Qualifications Obtained <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)

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:
