

PO Box 35138 Kampala Uganda Tel: 0701 598347 / 0782 598347 Email: admissions@afru.ac.ug Website: <u>www.afru.ac.ug</u>

# STUDENT APPLICATION FORM

## NAME OF APPLICANT: .....

### **INSTRUCTIONS**

The application form should be submitted once all sections have been completed with the accompanying documents attached. Completed applications should be returned to the Office of the Academic Registrar.

#### INTAKES

January & August/September Intakes

#### WHAT TO SEND TO THE REGISTRAR:

- 1) A signed and completed application form with a non-refundable application fee of 50,000 UGX.
- 2) Official copies of all secondary, post-secondary, college and university certificates \*
  \* Students from non-English-speaking countries need to send translated and certified documents of their

academic records

- 3) 10 recent passport size photographs with your full names printed on the reverse side of the photographs
- 4) Foreign students only: a copy of your passport or valid travel documents **Please use a tick to select a program of your choice**

ACADEMIC PROGRAMS	For Official Use only
Bachelor of Public Health	
Bachelor of Business Administration	Admission Date:
Bachelor of Arts with Education	
Bachelor of Journalism and Multimedia Communication	Qualification:
Bachelor of Arts in Disability Studies and Special Needs Education	
Bachelor of Arts in Community Development	Admission Status:
Bachelor of Education-Primary	
Bachelor of Information Technology	Program Admitted:
Bachelor of Arts in Child Development	
Bachelor of Arts in Theology	Checked by:
Bachelor of Secondary Education	
Bachelor of Social Work and Social Administration	Signature:
Diploma in Journalism and Multimedia Communication	
Diploma in Information Technology	
Diploma in Child Development	
Diploma in Theology	
Diploma in Business Administration	
Diploma in Social Work and Social Administration	

Higher Education Certificate

Attach a recent Passport Photo

## **APPLICATION PROCEDURE**

- 1. Before completion, read all of the forms and any accompanying letter and information.
- 2. Please type all information or write clearly in CAPITAL LETTERS.
- 3. Send all completed forms with 50,000 UGX non-refundable application fee to the Office of the Academic Registrar, Africa Renewal University.

## SECTION A

#### PERSONAL INFORMATION

Name in Full:

Surname	Christian/Given Name	Middle Name
Sex: [] Male [] Female		
Current Postal Address:		
Telephone:		
Email Address:		
Date of Birth://		
Age:		
Nationality:		
Home District:		
Marital Status: [] Single [] Marrie	d [] Divorced [] Widowed	
Next of Kin / Emergency Contact:		
Passport No / ID:		
Religion (CoU, Catholic, Baptist, etc.:)		
Local Church currently attending:		
Name of Secondary School/ Higher Educa	tion Qualification	Year Completed

Please enclose photocopies of your academic qualifications including transcripts of courses covered and grades achieved.

### **SECTION B**

## 1. PROGRAMME APPLIED FOR IN ORDER OF PREFERENCE

1 <sup>st</sup>	Choice:
	Choice:
	Choice:
	Choice:

### 2. AGREEMENT BY THE APPLICANT

I believe that God is leading me to apply for admission to Africa Renewal University. I understand that among the conditions for admission is the commitment to abide by the rules and regulations of the University.

I confirm that the information given on this form is to the best of my knowledge true, correct and accurate.

SIGNATURE :	DATE :
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PRINT NAME : .....