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Website: www.afru.ac.ug

NOTE:

Transcript copies of both "O" Level and "A" Level result slip/certificate, other qualifications and curriculum vitae should be attached to this form. Students from non-English-speaking countries need to send translated and certified documents of their academic records. At registration, originals shall be required.

PLEASE FILL THIS FORM IN CAPITAL LETTERS

1.0. PROGRAM APPLIED FOR:

Master of Business Administration in Finance and Accounting

Master of Business Administration in Human Resource Management

Master of Business Administration in Marketing

Master of Business Administration in Organizational Leadership and Management

Master of Arts in Theological studies in Church Planting and community development

Master of Arts in Theological Studies in Christian Leadership

Master of Arts in Theology

Postgraduate Diploma in Early Childhood Education

Postgraduate Diploma in Education

1.1. APPLICANTS PERSONAL INFORMATION				
NAME(Use names on your academic documents)	Surname:			
	Other Names:			
Title:	Bishop, Rev, Pastor. Dr.,Mr.,Miss.,Mrs)			
Gender	Male			
(Tick your option)	Female			
Date of birth	dd	mm yy		
Age				
Nationality				
Home District				
Religious affiliation		(if Christian, state denomination)		
Local church currently attending				
Marital Status	Single:	Married		
If Married,	Specify type of marria	ge:		
	Name of Spouse:	Contact:		
	Number of children:			

1.2 APPLICANT'S CONTACTS

Postal Contact:	P.O.Box:	Town
	Country:	
Telephone		
Email Address		

1.3 NEXT OF KIN					
Fill in the details of your next of kin and Sponsor where applicable.					
	Next of Kin		Sponsor(if applicable)		
Name					
Nationality					
Telephone					
Home Town					
Telephone					
Email					
1.4 EMPLOYMEN	T RECORD				
Name Of Employ	ver	Designation	From	То	

SECTION 2

2.0. Secondary school, colleges and universities attended (Give names, dates qualifications and grades)

Name and address of	f school/institution	From	То	qualification
2.1. Other professiona	l qualifications (with dates)			
2.2. Name and address	s of your referee who is familiar with your a	cademic ability a	nd performance	2
	e reference form for His/her to fill)	5	I	
Name				
Nationality				

Nationality	
P.O.Box	
Town	
Telephone	
Email	

TO BE FILLED BY THE REFEREE				
1. How long have you known the applicant?	Less than a year	1-5 years		
	6-10 years	10years &more		
	Just by name and sight			
2. How well do you Know him/her	Very well, Had a number of personal contact			
	Very well, have a close relationship with applicant			
3. How does the applicant relate to others	[]Outgoing	[]keeps himself []moody []shy		
	[] I do not know	[] respect others		
4. How do you perceive his/her abilities	[]Academically well	[] Public speaker		
	[] Administrative skills	[]Interpersonal relationships		
5. Basing on your knowledge, will you recom	mend the applicant for a course	at Africa renewal university		
6. What are some of the weaknesses of the Applicant:				
7. Any other comment?				

SECTION 3.0

3.1. It should be noted by all applicants:

- a) Pursuing two or more academic programs simultaneously is not acceptable unless it is with permission from University senate
- b). All cases of impersonation, falsification of document or giving false information whenever discovered either at registration or afterwards will lead to automatic cancellation of admission and prosecution in the Uganda Courts of Law. Note further that fees defaulters shall not be allowed to sit for any University examinations.

AGREEMENT BY THE APPLICANT

I believe that God is leading me to apply for postgraduate studies at 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:

PRINT NAME:

This application form should be submitted once all sections have been completed with the accompanying documents attached. Completed applications should be returned to The Director School of Postgraduate Studies, Africa Renewal University, and P.O. Box 35138, Kampala, UGANDA