

MAKERERE

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UNIVERSITY

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OFFICE OF THE ACADEMIC REGISTRAR

UNIVERSITY MATURE AGE ENTRY EXAMINATIONS APPLICATION FORM FOR ACADEMIC YEAR 2023/2024

3 Recent Identical
Passport Photographs
(Attach two)

RIGHT HAND
THUMB
PRINT

Note: This form must be submitted with evidence of payment of the Application Fee

PART 1

To be completed in CAPITALS LETTERS by the Applicant.
Sponsorship (Tick appropriately) Gov't..... Private: Day Evening

ALL NAMES MUST BE WRITTEN IN FULL AS ON 'O' LEVEL OR ANY OTHER PREVIOUS ACADEMIC DOCUMENT

- 1 (a) Surname (In full, **NO** initials).....
- (b) Other names (in full)
- (c) Gender: (Tick), Male Female
- (d) Date of Birth (DDMM.....YY)
- (e) Citizenship
- (You must attach a copy of the Birth Certificate)
- (f) Home District.....

2 a) Programme applied for at University – (use the three letter Code provided for each Programme), e.g. Bachelor of Education(Day) - EDA

Choice

b) Choices of BA or BSC Subject Combinations (Use the numerical codes provided) eg. 001(PS,SA,SO)

1 st CHOICE OF 3 SUBJECTS	2 nd CHOICE SET OF 3 SUBJECTS

3. Attach a photocopy of the Uganda Certificate of Education (UCE) and the Uganda Advanced Certificate of Education (UACE) if applicable.
4. Institutions attended, if any

Year		Name of Institution	Qualification obtained	Class of Award (if any)
From	To			

PART II

5. Other Personal Information
- (a) Marital Status (married, single, other. Please specify).....
- (b) Permanent Address
- (c) Emergency contact Address, if different from (b) above
- (d) Telephone No..... (e) Fax No. (If applicable).....
- (f) E-Mail
- (g) Religious affiliation (if any)
6. (a) Home County (b) Sub-county (LC III)
- (c) Parish (LC II) (d) Village (LC I)
7. Information about Parents:
- | | <u>Father's</u> | <u>Mother's</u> |
|---------------------------|-----------------|-----------------|
| Surname | | |
| Other Names | | |
| Date of Birth..... | | |
| Village of Birth..... | | |
| Sub-County | | |
| District of Birth..... | | |
| Nationality | | |
| Country of Residence..... | | |
| Address..... | | |
| Telephone Number | | |
8. Information about Guardian (where applicable)
- (a) Guardian's name (o) Guardian's occupation.....
- (b) Guardian's address..... (q) Tel. Number

9. Positions of responsibilities held while at School/College(If applicable)

10. Employment Record:

Give brief details of employment record. You may use an additional separate sheet of paper

EMPLOYER	POST(S) HELD	DATE(S)

11. Give 2 names of persons in responsible positions from whom confidential information about you may be obtained if necessary.

i) Name.....
Address.....
E-mail:.....
Telephone Number

ii) Name.....
Address.....
E-mail:.....
Telephone Number:.....

12. It should be NOTED by all applicants that cases of impersonation, falsification of Documents or giving false/incomplete information whenever discovered, either at Registration or afterwards, will lead to automatic CANCELLATION of Admission and prosecution in the Uganda Courts of Law.

13. Declaration by the applicant:

I confirm that the information given on this form, to the best of my knowledge, is correct. I have noted and understood the implication of giving incorrect information

Signature of the Applicant Date.....