

LIVINGSTONE INTERNATIONAL UNIVERSITY

Office of the Deputy Vice Chancellor for Academic Affairs

APPLICATION FOR ADMISSION TO UNDERGRADUATE PROGRAMMES

AFFIX RECENT
PASSPORT-SIZE
PHOTO HERE

NOTE

- Use capital letters to complete this form.
- Candidates selected for any programme of study will be required to present originals of certificates at the time of registration.

PERSONAL INFORMATION

(The names in which you will be registered will be those that appear on your Certificate/Diploma or equivalent documents offered as an entry qualification).

SURNAME		OTHER NAMES	
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	PLACE OF BIRTH (COUNTRY, DISTRICT, COUNTY, SUB COUNTY)	
MARITAL STATUS	NUMBER OF CHILDREN (If Any)	RELIGIOUS AFFILIATION	
DO YOU HAVE ANY PHYSICAL DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, STATE THE NATURE OF THE DISABILITY	
NATIONALITY	COUNTRY OF RESIDENCE	DISTRICT OF RESIDENCE	
PERMANENT ADDRESS			
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	
NEXT OF KIN	TELEPHONE NUMBER	EMAIL ADDRESS	
ADDRESS (IF DIFFERENT FROM PERMANENT ADDRESS)			

PREFERRED DEGREE PROGRAMMES		PREFERRED DIPLOMA PROGRAMMES	
FIRST CHOICE (e.g. BBA)	SECOND CHOICE	FIRST CHOICE	SECOND CHOICE
ACADEMIC YEAR		RESIDENCY (ALL FIRST YEAR STUDENTS MUST STAY IN THE UNIVERSITY HALLS OF RESIDENCE.)	
		<input type="checkbox"/> RESIDENT STUDENT <input type="checkbox"/> NON-RESIDENT STUDENT	

ACADEMIC AND PROFESSIONAL QUALIFICATIONS

UGANDA CERTIFICATE OF EDUCATION (UCE) OR ITS EQUIVALENT

(ATTACH PHOTOCOPY OF THE UCE CERTIFICATE OR EQUIVALENT)

SCHOOL	INDEX NUMBER	YEAR OF EXAMINATIONS
NUMBER OF DISTINCTIONS	NUMBER OF CREDITS	NUMBER OF PASSE

UGANDA ADVANCED CERTIFICATE OF EDUCATION (UACE) OR ITS EQUIVALENT

(ATTACH PHOTOCOPY OF THE UACE CERTIFICATE OR EQUIVALENT)

SCHOOL	INDEX NUMBER	YEAR OF EXAMINATIONS
SUBJECT	GRADE	
GENERAL PAPER		

OTHER QUALIFICATIONS

(ATTACH PHOTOCOPIES OF CERTIFICATES/TRANSCRIPTS)

INSTITUTION ATTENDED	QUALIFICATIONS OBTAINED	DATE OBTAINED

MATURE AGE:
YEAR

INDEX NUMBER

ARE YOU PRESENTLY ENGAGED IN OTHER ACADEMIC STUDIES? IF YES, WHICH COURSE ARE YOU PURSUING

YES NO

IF YOU HAVE BEEN INVOLVED IN SPORTS ACTIVITIES, KINDLY LIST AND ATTACH YOUR SPORTS CERTIFICATES

POSITIONS OF RESPONSIBILITY HELD (E.G.) PREFECT, SPORTS CAPTAIN E.T.C.

SPONSORSHIP

NAME OF SPONSOR (IF SELF-SPONSORED, WRITE "SELF")

ADDRESS

TELEPHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

DECLARATION

I DECLARE THAT ALL THE INFORMATION GIVEN ON THIS FORM IS CORRECT.

SIGNATURE

DATE

ENDORSEMENT BY A CHURCH MINISTER

(for Bachelor of Christian Ministries recommendation and verification of the suitability of the student for the programme is a must.):

I CONFIRM THAT THE INFORMATION PROVIDED ABOVE BY THE APPLICANT IS CORRECT.

NAME(S)

DESIGNATION

INSTITUTION/ORGANISATION

ADDRESS

SIGNATURE

DATE

OFFICIAL STAMP

PLEASE RETURN THE FULLY COMPLETED APPLICATION TO:

The Deputy Vice Chancellor for Academic Affairs
P.O. Box 994
Mbale, Uganda

Or online to admissions@livingstone.ac.ug

NB: Please attach the original receipt and bank slip as evidence of payment of the application fee.

LIVINGSTONE

INTERNATIONAL UNIVERSITY
Building the Nations of Africa

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URL: **www.livingstone.ac.ug**