



Attach a recent passport sized photograph here

PO Box 35138 Kampala Uganda
Tel: 0701 598347 / 0782 598347
Email: admissions@aficarenewaluniversity.org
Website: www.aficarenewaluniversity.org

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, May & August/September Intakes

WHAT TO SEND TO THE REGISTRAR:

- 1) A signed and completed application form
- 2) Non-refundable application fee of 30,000 UGX
- 3) 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
- 4) Referee recommendation form
- 5) 10 recent passport size photographs with your full names printed on the reverse side of the photographs
- 6) Foreign students only: a copy of your passport or valid travel documents

PROGRAMMES AVAILABLE

- Bachelor of Community Health
- Bachelor of Business Administration
- Bachelor of Social Work and Social Administration
- Bachelor of Arts in Child Development
- Bachelor of Arts in Community Development
- Bachelor of Arts in Theology
- Bachelor of Arts in Disability Studies and Special Education
- Diploma in Computer Information Technology
- Diploma in Child Development
- Diploma in Biblical Studies
- Diploma in Business Administration

FOR OFFICIAL USE ONLY
Date Received:
Qualifications:
Admission Status:
Programme:
Student Number:
Checked by:

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 30,000 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
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Sex: Male Female

Current Postal Address: _____

Telephone: _____

Email Address: _____

Date of Birth: ____/____/____

Age: _____

Nationality: _____

Home District: _____

Marital Status: Single Married Divorced Widowed

Next of Kin / Emergency Contact: _____

Passport No / ID : _____

Denomination (Pentecostal, COU, Baptist, etc): _____

Local Church currently attending: _____

Name of Secondary School/ Higher Education	Qualification	Year Completed
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

1st Choice:

2nd Choice:

3rd Choice:

4th 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 :

PRINT NAME :

SECTION D

EQUAL OPPORTUNITY

Please indicate any medical condition you may have that may require adjustments to be made to the curriculum or the teaching environment.

- | | |
|---|--------------------------|
| None | <input type="checkbox"/> |
| Dyslexia | <input type="checkbox"/> |
| Deaf/hearing impaired | <input type="checkbox"/> |
| Wheelchair user / mobility difficulties | <input type="checkbox"/> |
| Unseen disability e.g. diabetes, epilepsy | <input type="checkbox"/> |
| Blind/partially sighted | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

EMPLOYMENT AND PROFESSIONAL QUALIFICATIONS

EMPLOYMENT INFORMATION

Employer (include address and country)	Position and Work Carried Out	Dates	
		From	To

PROFESSIONAL QUALIFICATIONS

Details of any professional qualifications held if any.

Qualification	Date obtained

