



Attach a recent passport sized photograph here

PO Box 35138 Kampala Uganda  
Tel: 0701 598347 / 0782 598347  
Email: [admissions@aficarenewaluniversity.org](mailto:admissions@aficarenewaluniversity.org)  
Website: [www.afru.ac.ug](http://www.afru.ac.ug)

## 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 30,000 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

### PROGRAMMES AVAILABLE

- Bachelor of Community Health
- Bachelor of Business Administration
- Bachelor of Journalism and Multimedia Communication
- 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 and Information Technology
- Diploma in Child Development
- Diploma in Biblical Studies
- Diploma in Business Administration
- Diploma in Journalism and Multimedia Communication
- Diploma in Education and Early Childhood Development
- Certificate in Education and Early Childhood Development
- Certificate in Computer and Information Technology

### 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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:** .....

**2<sup>nd</sup> Choice:** .....

**3<sup>rd</sup> Choice:** .....

**4<sup>th</sup> 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

