

Attach a recent Passport sized Photograph here

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Email: spgs@africarenewaluniversity.org Website: www.afru.ac.ug

OFFICE OF THE ACADEMIC REGISTRAR APPLICATION FOR ADMISSION TO POSTGRADUATE PROGRAMES (YEAR)

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.

be required.	,	,	O .				
PLEASE FILL THIS FORM IN CAPITAL LETTERS 1.0. PROGRAM APPLIED FOR: Master of Business Administration in Final Master of Business Administration in Hur Master of Business Administration in Org Master of Arts in Theological studies in Clauster of Arts in Theological Studies in Clauster of Arts in Theology Master of Arts in Theology Postgraduate Diploma in Early Childhood	nan Resource Managemer keting anizational Leadership an nurch Planting and commo hristian Leadership	d Managemen					
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	уу				
Age							
Nationality							
Home District							
Religious affiliation	(if Christian, state denomination)						
Local church currently attending		•					
Marital Status	Single:	Married					
If Married,	Specify type of marriage	Specify type of marriage:					
	Name of Spouse: Contact:						
	Number of children:						
	•						
1.2 APPLICANT'S CONTACTS							
Postal Contact: P.O.I	Pov:		Town				
			TOWII				
	ntry:						
Telephone							
Email Address							
L							

1.3 NEXT OF KIN									
Fill in the details o	f your next of kin and Spo								
	Next of Kin			Sponsor(if applicable)					
Name									
Nationality									
Telephone									
Home Town									
Telephone									
Email									
1.4 EMPLOYMEN'									
Name Of Employer Design		Design	nation		From			To	
SECTION 2									
2.0. Secondary sch	ool, colleges and univers	ities at	tended (Give nar	nes, dates	qualifi	cations and gra	des)		
Name and addres	s of school/institution			From			qualification		
	·					1			
2.1. Other professional qualifications (with dates)									
z.i. Other professi	onai quamications (with	uatesj							
2.2. Name and add	ress of your referee who	is fam	iliar with your ac	ademic ab	ility an	d performance	<u> </u>		
	d the reference form for l				•	•			
Name			-						
Nationality									
P.O.Box									
Town									
Telephone									
Email									
Lillali									
TO BE FILLED B	V THE REFEREE								
	ave you known the applic	rant?	Less than a year	<u> </u>] 1-5 ye	arc		
1. How long ha	ave you known the applic	Janu:	6-10 years	L			rs &mor	ro	
				d ciaht		10yea	13 (311101		
How well do you Know him/her How does the applicant relate to others			Just by name and sight Very well, Had a number of personal contact						
							nt		
			Very well, have a close relationship with applicant []Outgoing []keeps himself []moody []shy						
3. How does tr	ie applicant relate to oth	ers	[]Outgoing					oay []sny	
4. How do you his 0. 1999			[] I do not knov		[] respect othe				
4. How do you perceive his/her abilities		[] Academically well [] Public speaker [] Administrative skills [] Interpersonal relationships							
	1 1 1 01		[] Administrativ						
5. Basing on yo	our knowledge, will you i	recomi	nend the applica	nt for a co	urse at	Atrica renewal	univers	sity	
	6.1								
6. What are so	me of the weaknesses of	the Ap	plicant:						
7. Any other co	omment?								

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