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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.

PLEASE FILL THIS FORM IN CAPITAL LETTERS

1.0. PROGRAM APPLIED FOR:

- Master of Business Administration in Finance and Accounting
- Master of Business Administration in Human Resource Management
- Master of Business Administration in Marketing
- Master of Business Administration in Organizational Leadership and Management
- Master of Arts in Theological studies in Church Planting and community development
- Master of Arts in Theological Studies in Christian Leadership
- Master of Arts in Theology
- Postgraduate Diploma in Early Childhood Education
- Postgraduate Diploma in Education

1.1. APPLICANTS PERSONAL INFORMATION

NAME(Use names on your academic documents)	Surname:	
	Other Names:	
Title:	Bishop, Rev, Pastor. Dr.,Mr.,Miss.,Mrs)	
Gender (Tick your option)	Male	<input type="checkbox"/>
	Female	<input type="checkbox"/>
Date of birth	dd	mm yy
Age		
Nationality		
Home District		
Religious affiliation	(if Christian, state denomination)	
Local church currently attending		
Marital Status	Single: <input type="checkbox"/>	Married <input type="checkbox"/>
If Married,	Specify type of marriage:	
	Name of Spouse:	Contact:
	Number of children:	

1.2 APPLICANT'S CONTACTS

Postal Contact:	P.O.Box:	Town
	Country:	
Telephone		
Email Address		

1.3 NEXT OF KIN

Fill in the details of your next of kin and Sponsor where applicable.

	Next of Kin	Sponsor(if applicable)
Name		
Nationality		
Telephone		
Home Town		
Telephone		
Email		

1.4 EMPLOYMENT RECORD

Name Of Employer	Designation	From	To

SECTION 2

2.0. Secondary school, colleges and universities attended (Give names, dates qualifications and grades)

Name and address of school/institution	From	To	qualification

2.1. Other professional qualifications (with dates)

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2.2. Name and address of your referee who is familiar with your academic ability and performance
(Please forward the reference form for His/her to fill)

Name	
Nationality	
P.O.Box	
Town	
Telephone	
Email	

TO BE FILLED BY THE REFEREE

1. How long have you known the applicant?	Less than a year <input type="checkbox"/>	1-5 years <input type="checkbox"/>
	6-10 years <input type="checkbox"/>	10years &more <input type="checkbox"/>
2. How well do you Know him/her	Just by name and sight <input type="checkbox"/>	
	Very well, Had a number of personal contact <input type="checkbox"/>	
	Very well, have a close relationship with applicant <input type="checkbox"/>	
3. How does the applicant relate to others	[]Outgoing []keeps himself []moody []shy	
	[] I do not know [] respect others	
4. How do you perceive his/her abilities	[]Academically well [] Public speaker	
	[] Administrative skills []Interpersonal relationships	
5. Basing on your knowledge, will you recommend the applicant for a course at Africa renewal university	
6. What are some of the weaknesses of the Applicant:	
	
	
7. Any other comment?	
	

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