

SECTION 1.0 PERSONAL DETAILS

Title: (Please Tick ✓) Mr Ms Other

First Name:

Middle Name :

Surname :

Gender: (Please Tick ✓) Male Female Date of Birth:

SECTION 1.1 CITIZENSHIP

Are you a Ugandan citizen? (Please Tick ✓) Yes No

If yes, please provide your National Identification Number (NIN)

If no, please state your nationality

Passport Number

SECTION 1.2 CONTACT DETAILS (All your details must be provided accurately and in full)

Permanent Home

Physical Address:

City: Province/Region

Country: Postal Code/ P.o Box No.

Country Code Telephone No:

Mob No:

Email Address:

Address for Correspondence: (if this is temporary please specify dates)

Physical Address:

City: Province/Region

County: Postal Code/ P.o Box No.

Country Code Telephone No:

Mob No:

Email Address:

Name and Address of Parent/Guardian/Next of Kin:

Full Names: Relationship

Physical Address:

City: Province/Region

County: Postal Code/ P.o Box No.

Country Code Telephone No:

Mob No:

Email Address:

Siblings

Name	Age

SECTION 2.0 COURSE SELECTION

Level of study. Certificate Foundation Diploma
 (Please Tick ✓) Undergraduate Postgraduate Higher Education certificate in Biological Sciences

Programme: 1st Choice:
 (Please refer to the programme guide Attached) 2nd Choice:

Preferred Intake: (Please Tick ✓) September Intake March Intake Year:

SECTION 3.0 EDUCATION BACKGROUND

Please indicate previous education attained starting with the most recent

Level of Education	Subject/Combination	Name of Institution	Qualification	Result/Grade/Mark/%	Year

Authenticated/Certified photocopies of certificates, and transcripts or notification of results, translations and equated copies from a National Education Regulator (e.g. UNEB, NCHE, UNMC, etc) must be attached or submitted to Victoria University without fail along with this form.

SECTION 4.0 CURRENT EMPLOYMENT

Are you employed: (Please Tick ✓) Yes No

If yes, Please provide details.

Company Name:

Employer Name:

Address:

Contact Person: Name:

Mob No:

Email Address:

Employee Since: Date: DD | MM | YY To: DD | MM | YY

(Note: your employer will not be contacted without your permission)

SECTION 5.0 FINANCIAL DETAILS

Please state how you intend to finance your studies at Victoria University.

(Please Tick ✓) Self Parent Gurdian Scholarship

If self, please provide source of income

(Please Tick ✓) Employment Savings/inheritance Other

If parent/gurdian, please details

Full Names:

Occupation:

Mob No: Country Code Telephone No: Country Code

Email Address:

If scholarship, please specify Details

(Please attach relevant documents of the scholarship award)

Scholarship Name:

Awarding Body:

Scholarship Duration: (Months/Years) Start Date: DD | MM | YY End Date: DD | MM | YY

Scholarship Coverage: Tuition Living Expenses Research Other

(Please Tick ✓)

SECTION 6.0 GENERAL

Have you applied to any other university? (Please Tick ✓) **Yes** **No**

If yes, Please specify:

Institution:

Course:

Country:

Are you applying through an agent? (Please Tick ✓) **Yes** **No**

If yes, please provide details

Agent Name:

Address:

Contact: Mob No:

 Email Address:

How did you hear about Victoria University? (Please Tick ✓)

Friend Family SMS Email

Social Media (Please Specify) _____
(Facebook, Whatsapp, Twitter, LinkedIn, Instagram)

School Visists (Please Specify School) _____

Website (Please Specify Website) _____

Newspaper (Please Specify Paper) _____

TV (Please Specify TV Station) _____

Radio (Please Specify Radio Station) _____

Activations (Please Specify Area) _____

Victoria University Student (Please Specify Name) _____

Exhibitions (Please Specify) _____

VU Events (Please Specify Event) _____
(International day, Career Day, Graduation, Fresher's Ball, End of Semester Dinner, Open Day)

Please specify others if any _____

SECTION 7.0 DISABILITIES

Do you have any disabilities? (Please Tick ✓) Yes No

- If Yes, Specify (Please Tick ✓)
- | | |
|--|---|
| <input type="checkbox"/> Blind/Partially Sighted | <input type="checkbox"/> Deaf/Partial Hearing |
| <input type="checkbox"/> Dyslexic | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Wheelchair/Mobility |
| <input type="checkbox"/> Personal Care Required | <input type="checkbox"/> Unseen Disability |

Please attach a medical report (Signed and Stamped)

SECTION 7.1 MEDICAL

Please give any further details of any health related condition that may affect your studies or require special arrangements or facilities

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Confidential information can be given in a sealed envelope marked “Confidential – Student Support Adviser”

SECTION 8.0 CRIMINAL RECORD

Have you had any criminal convictions, other than minor traffic violations ? (Please Tick ✓) Yes No

If yes, please provide details.

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SECTION 9.0 KNOWLEDGE OF LANGUAGES

Is English your first language ? (Please Tick ✓) **Yes** **No**

If no, what's your first language

Knowledge of foreign language(s), other than your first language (if any)?	Language:	Level of Ability:
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

The information completed by you in this part of the application form will help us to assess whether additional English preparation is needed prior to your undertaking a course of study at degree level and if necessary to place you at an appropriate level for your English Language Studies.

SECTION 9.1 ENGLISH LANGUAGE EDUCATION

(To be filled by International Students only)

Examinations

Please indicate below if you have taken any of the following:

Exam Title:	Exam Date:	Where Taken:	Result:
IELTS	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOEFL: (Please Tick ✓) <input type="checkbox"/> Paper based <input type="checkbox"/> Computer based <input type="checkbox"/> TWE	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cambridge (KET/PET/FCE/CAE/CPE etc) (please specify):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (please specify):	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 9.2 ENGLISH LANGUAGE CLASSES (INCLUDING CLASSES AT SCHOOL)

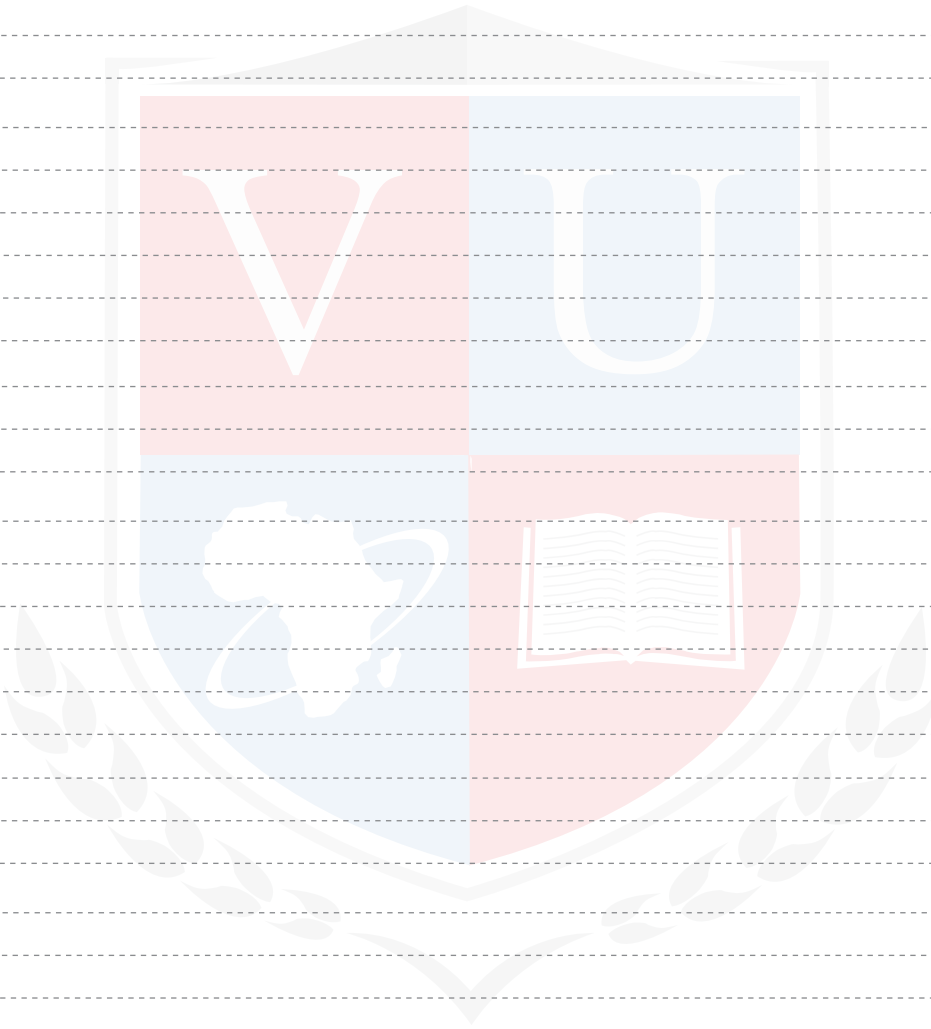
(To be filled by International Students only)

Total years of study in English within your own country:	<input type="text"/>	years
Years of study in English at university/higher education:	<input type="text"/>	years
Years of study in English abroad:	<input type="text"/>	years
Country and name of institution(s) with dates where you studied in English:	1	<input type="text"/>
	2	<input type="text"/>

SECTION 10.0 PERSONAL STATEMENT

(To be completed by all applicants) Please do not exceed 500 words

Tell us about yourself, your accomplishments and explain why you are choosing Victoria University to pursue your programme of choice.



Declaration:

I certify that the information given in this application is true, complete and accurate and no information requested or other material information has been omitted. I accept that if I do not fully comply with these requirements, Victoria University shall have the right to cancel my application, admission and registration at any point in time and I shall have no claim against them.

I understand that this application and all supporting documents become the confidential property of Victoria University Admissions Office and will not be returned, copied or released.

I understand that Victoria University may approach my previous places of learning for a reference.

Signature: _____

Date: _____

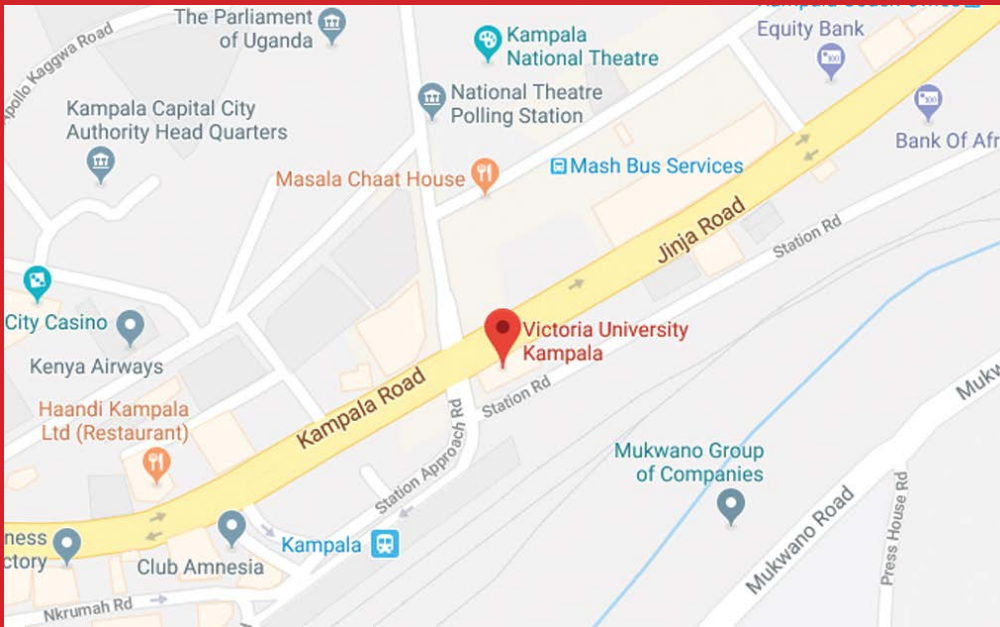
- *Personal data collected on this form will only be used for the purpose of student and course administration as required by the university and may be disclosed as appropriate to bodies/organisations associated with such courses.*
- *VU may use the name and photographs of students in campus or during any other VU related activities for marketing purposes for lifetime.*



THANK YOU FOR APPLYING



OUR LOCATION.



Victoria Towers, Plot 1-13 Jinja Road, Kampala.
Tel: +256 200 405 433, Mob:+256 759 996 130. Email: admissions@vu.ac.ug.