



LIVINGSTONE INTERNATIONAL UNIVERSITY

Building the Nations of Africa

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Office of the Deputy Vice Chancellor for Academic Affairs Application for Admission to Undergraduate Programmes

NOTE:

1. Use capital letters to complete this form.
2. Candidates selected for any programme of study will be required to present originals of certificates at the time of registration.
3. Attach photocopies of your relevant certificates.
4. The names in which you will be registered will be those that appear on your Certificate/Diploma or equivalent documents offered as an entry qualification.

Personal Information

Surname

Other Names

Gender

Date of Birth

Place of Birth (Country, District, County, Sub-county)

Marital Status

Number of children (if any)

Religious affiliation

Do you have any physical disability

If yes, state the nature of the disability

Nationality

Country of Residence

District of Residence

Permanent Address

Location (Town/Village)

Telephone Number

Fax Number

Email Address

Other Address (Town/Village) If different from permanent address

Next of Kin

Surname

Other Name

Relationship (How are you related)

Telephone Number

Email Address

Home Address

Preferred Programme

First Choice (Degree)

First Choice (Diploma)

Second Choice (Degree)

Second Choice (Diploma)

Academic Year

Residence

Academic & Professional Qualifications

Uganda Certificate of Education or its equivalent.

School	Index Number	Year of Examinations
<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of Distinctions	Number of Credits	Number of Passes
<input type="text"/>	<input type="text"/>	<input type="text"/>

Uganda Advanced Certificate of Education or its equivalent.

School	Index Number	Year of Examinations
<input type="text"/>	<input type="text"/>	<input type="text"/>
Subject 1	Grade	General Paper (Grade)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Subject 2	Grade	
<input type="text"/>	<input type="text"/>	
Subject 3	Grade	
<input type="text"/>	<input type="text"/>	
Subject 4	Grade	
<input type="text"/>	<input type="text"/>	

Other Qualifications

Institution	Qualification Obtained	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Institution	Qualification Obtained	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Institution	Qualification Obtained	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mature Age	Index Number	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you presently engaged in other academic studies? If yes, Which course are you pursuing

<input type="text"/>	<input type="text"/>
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Have you been engaged in sports activities? If yes, Kindly State and attach your sports certificates

<input type="text"/>	<input type="text"/>
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Any position of responsibility held? If yes, Please State. (E.g. Prefect, Sports Captain)

<input type="text"/>	<input type="text"/>
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Sponsorship

Name of Sponsor (If Self-sponsored, Write "SELF")	Address	
<input type="text"/>	<input type="text"/>	
Telephone Number	Fax Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Declaration

I declare that all the information given on this form is correct.

Signature/Electronically Sign/Write name in lower case	Date
<input type="text"/>	<input type="text"/>

Endorsement by a Church Minister

(For Bachelor of Christian Ministry recommendation and verification of suitability of the student for the programme is a must)

I confirm that the information provided above by the applicant is correct.

Surname

Other Name

Address

Institution/Organisation

Designation

Telephone Number

Email Address

Official Stamp, Date & Signature

NOTE:

Please return the fully completed application to:

The Deputy Vice Chancellor for Academic Affairs
LivingStone International University
P.O. Box 994
Mbale Uganda

Or via email: admission@livingstone.ac.ug

Attach original receipt and bank slip as evidence of payment of the application fee.