



LIVINGSTONE
INTERNATIONAL
UNIVERSITY

Building the Nations of Africa

PLACE
HERE YOUR
PASSPORT
PHOTO

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	
ID Number (If Uganda)		Passport Number (If Non Ugandan)	
Permanent Address			
Telephone Number	Fax Number	Email Address	

Next of Kin	Telephone Number	Email Address
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Address (If any from the permanent address)

PREFERRED DEGREE PROGRAMMES

FIRST CHOICE (e.g. BBA)	SECOND CHOICE
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PREFERRED DIPLOMA PROGRAMMES	PREFERRED CERTIFICATE PROGRAMMES
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1 st Choice	2 nd Choice	1 st Choice	2 nd Choice
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Programme Schedule	Day	Evening
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Academic Year	Residency
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ACADEMIC AND PROFESSIONAL QUALIFICATIONS

UGANDA CERTIFICATE OF EDUCATION (**UCE**) OR IT'S EQUIVALENT (ATTACH COPY OF THE UCE CERTIFICATE OR EQUIVALENT)

School Name	Index Number	Year of Examinations
Number of Distinctions	Number of Credits	Number of Passes

UGANDA ADVANCED CERTIFICATE OF EDUCATION (**UACE**) OR IT'S EQUIVALENT (ATTACH COPY OF THE UACE CERTIFICATE OR EQUIVALENT)

School Name	Index Number	Year of Examinations
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SUBJECTS	GRADES
General Paper	

OTHER QUALIFICATIONS

Institution Name	Qualifications	Date Obtained

MATURE ENTRY

Index Number	Year of Examinations
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Are you presently engaged in any academic studies?	If yes, which course are you pursuing?
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If you have been involved in sports activities, kindly list and attach your sports certificates

Positions of responsibility held (e.g.) prefect, Sports, Captain etc.

How did you know about LivingStone International University?

If referred by someone, kindly write down his/her Name:

SPONSORSHIP

Name of sponsor (if Self Sponsored write "SELF")

Address	Telephone	Email Address
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DECLARATION

I declare that all Information given on this form is correct.

Signature

Date:

ENDORSMENT BY A CHURCH MINISTER

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

I CONFIRM THAT THE INFORMATION PROVIDED ABOVE BY THE APPLICANT IS CORRECT:

Name(s)

Designation

Institution/Organization

Address

Signature

Date:

PLEASE RETURN THE COMPLETED APPLICATION TO:

The Deputy Vice Chancellor for Academic Affairs
LivingStone International University
P.O. Box 994
Mbale, Uganda.
Plot 563, Nyanza South- Kamonkoli
Mugiti S/C Budaka District

Email: admissions@livingstone.ac.ug, **OR** academic.registry@livingstone.ac.ug

NB: Please, attach the receipts and bank slips as evidence of payment of

Application/Admission Fee,

Exclusive of Bank Charges:

Bachelor's: 50,000/=

Diploma: 30,000/=

Certificate: 20,000/=

BANK DETAILS

Bank Name: Stanbic Bank or Stanbic Agent Banking

Account Name: Livingstone International University

Account No. 9030010628945

Email: info@livingstone.ac.ug

URL: www.livingstone.ac.ug

Telephone: +256 761003031, +256 761003033