



APPLICANT'S
PHOTO

APPLICATION FORM

1. **Surname:** **First Name:**..... **Other**.....

2. **Date of birth:** / /

3. **Sex** M F

4. **Nationality:**

5. **Home of Origin Country:** **District**

T/A..... **Village**

6. **Contact address:**.....

.....

Physical address:

.....

Telephone:..... **E-mail address:**

7. **Next of Kin**

Name.....

Address:

.....

Telephone: **E-mail address:**

8. **Course applied for**

Programme	Semester	Year
Master of Arts in Theology		
Bachelor of Arts in Theology		
Bachelor of Commerce – Business Management		
Bachelor of Commerce – Marketing		
Bachelor of Accounting and Finance		

9. Mode of Study: Please Tick (√)

Full Time Week End Evening

10. Academic Record/Previous Qualifications:

Year	Qualification	Grade

Please attach certified photocopies of certificates or notification of results

11. Organisation/Person Responsible for paying Fees:

Name.....
Address.....
.....
.....

Telephone.....E-mail.....

12. Employment:

Organisation.....
.....

16. Declaration:

I hereby certify that all the information above is true, to the best of my knowledge and that I am of sound health.

Name.....Signature.....Date:.....

17. Application Check list

Item	Tick
Have you completed all relevant sections of this form	
Have you deposited appropriate application fee and attached a deposit slip bearing your name to this form	
Have you attached photocopied of certificates or notification of results	
Have you attached medical evidence if physically impaired or require special assistance	

THE END