

BUGEMA UNIVERSITY



P. O. BOX 6529, KAMPALA UGANDA TEL: +256-312-351400, FAX +256-312-351460
REGISTRATION FORM (MAIN CAMPUS)

FILL IN THE INFORMATION ON THIS FORM

ID NO. _____ NAME _____ SURNAME _____ MIDDLE _____ GENDER _____ MARITAL STATUS _____ RES. STATUS _____
 DATE OF BIRTH _____ / _____ / _____
 (Day Month Year)

TELEPHONE _____ EMAIL _____ ACADEMIC YEAR _____ / _____ COURSE _____

YAER OF STUDY _____ SEMESTER _____ MAJOR _____ MINOR _____

DATE _____ / _____ / _____ RELIGION _____ COUNTRY _____
 (Day Month Year)

COURSE CODE	COURSE TITLE	CREDIT HRS	LECTURE DAYS	Room	TIME	LECTURER'S NAME
ENGL 101	(SAMPLE ONLY) Introduction to writing Skills	3	MTW	B3		
TOTAL CREDITS						

PLEASE SECURE THE SIGNATURES BELOW

1. DEPARTMENT CHAIRPERSON _____ 2. STUDENTS FINANCE CONTROLLER _____
 3. DEAN OF STUDENTS _____ 4. REGISTRAR _____

