

BUGEMA UNIVERSITY

Main Campus

32km, Gayaza-Zirobwe Road
P.O Box 6529
Kampala, Uganda

Tel: 256 312-351400
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Email: registrar@bugemauniv.ac.ug
Website: www.bugemauniv.ac.ug



Kampala Campus
2 miles Bombo Road
Between Total Petrol Station
& Makerere Yellow Primary Sch.
Muganzi-Awongerera Rd
P. O. Box 6529
Kampala, Uganda

Tel: +256 312 266 630/631

OFFICE OF THE REGISTRAR

UNIVERSITY MATURE AGE ENTRY EXAMINATIONS APPLICATION FORM FOR THE ACADEMIC YEAR 2020/2021

Requirements:

- A. The applicant must be at least 25 years of age.
- B. The applicant must present official document(s) of acquired knowledge.
- C. Copies of Certificates/Diplomas if applicable must be attached.
- D. The applicant will pay an examination fee of Ug Sh. 100,000/= (non-refundable).
- E. The applicant must have a continuous gap of at least three (3) years in the formal education.
- F. The examination has two papers (a) area of specialization (b) aptitude
- G. The candidate **must** obtain at least 50% in each paper to be declared "pass".
- H. - Attach a copy of your birth certificate.

Attach 2
recent
Passport size
photos

When completing this form, please write legibly and in **BLOCK LETTERS**.

1. Full name _____
Last name (surname) First name Middle name
2. Field of study you are interested in _____
3. Present mailing address _____
4. Permanent mailing address _____
Telephone _____ E-mail _____
5. Marital status: Single Married Sex: Male Female Widow/Widower
6. Birth Date: Day/Month/Year _____ / _____ / _____

A CHARTERED SEVENTH-DAY ADVENTTIST INSTITUTION

MISSION: To offer an excellent and distinctive holistic Christian education designed to prepare students, through training, research, and scholarship, for productive lives of useful service to God and to the community with integrity.

7. Nationality _____ Citizenship _____ Country of residence _____

8. Passport No/ID No. _____

9. Religious Affiliation _____

10. Education background. List all institutions of learning attended since primary education:

Name and address of school	Date of attendance

11. At least five years of work experience. If you held a job give details about employment starting with the most recent.

<u>EMPLOYED</u>	<u>POSITION</u>	<u>DATES</u>

12. Give 2 names of persons in responsible positions from whom confidential information about you may be obtained if necessary.

Name:	Name:
Address:	Address:
E-mail:	E-mail:
Tel. Number:	Tel. Number:

13. It should be **NOTED** by all applicants that cases of impersonation, falsification of documents or giving false/incomplete information whenever discovered, either at the time of registration or afterwards, will lead to automatic **CANCELLATION** of admission and prosecution in the Uganda Courts of Law.

14. Declaration by the applicant:

I declare that all the information given above, and all the attachments included herewith are correct and genuine to the best of my knowledge.

Signature of the Applicant Date

15. For Official use only

Accepted Not Accepted

Reason(s)

Notifications: Phone Call Email :

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