



UGANDA PENTECOSTAL UNIVERSITY

Fortis et libre

Main Campus Muchwa

P.O. Box 249, Fort Portal – Uganda

Tel: +256 776914509/ +256 393256469/ +256 393256427

Email: info@upu.ac.ug

KAMPALA CAMPUS

P.O. Box 16361, Kampala – Uganda

Tel: +256-774255183

Email: info@upu.ac.ug

Application Form

The course leading to

SECTION ONE: PERSONA DATA:

Surname:

Other Names:

Sex:

Date of Birth:

Place of Birth:

Home District:

Country of Origin

Country of Residence:

Citizenship/ Nationality:

Marital Status:

No. of Children:

Age:

Home Address:

Town:

Village:

Sub-county:

County:

Telephone:

Next of Kin:

Address:

Telephone:

Fax:

SECTION TWO: EDUCATION BACKGROUND

University, Secondary Schools and college attended (give names and Date)

DATE	NAME OF SCHOOL/ INSTITUTION	QUALIFICATION

2.2 Position of responsibility held in school (e.g. Perfect, Sports Captain, Monitor etc.)

2.3 Uganda Advanced Certificate of Education (UACE) to its equivalent indicate in space below

UACE SUBJECTS

RESULTS IN EACH SUBJECT

2.4 Uganda Certificate of Education (UCE) or its equivalent; Enter result grades (figures) for UCE in the space below

UCE SUBJECTS

RESULTS IN EACH SUBJECT

2.5 University Mature Age entrance Examination: year

Index No.:

Marks obtained:

Examining University:

(Attach certified copy of results)

2.6 Other post-secondary Education qualification

2.7 If you left school give brief details of employment or course(s) of study undertaken. You may use a separate sheet or paper

SECTION THREE: SPONSORING BODY

3.1 Name of Sponsor:

Address:

Telephone:

Fax:

E-mail:

SECTION FOUR: DECLARATION

4.1 I declare that all information given in this form is correct

Full Names:

Signature:

Date:

SECTION FIVE: FOR OFFICIAL USE ONLY

Application Ref:

Faculty /Department:

Course:

Remarks:

Signature:

Designation: