MAKERERE UNIVERSITY

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DIRECTORATE OF RESEARCH AND GRADUATE TRAINING

APPLICATION FORM FOR ADMISSION TO A POSTGRADUATE PROGRAMME

TWO copies of this form should be filled by the applicant and returned to the Directorate of Research and Graduate Training, Senate Building with original **application fee receipt or Bank slip attached**

TO BE COMPLETED FOR ACADEMIC YEAR .....

Type or print in block letters:
Names must be those that appear on applicants previous academic documents.

1. Degree or Diploma applied for.....
2. Surname.....other Names.....
3. Gender: Male ☐ Female ☐
4. Marital status..... District of Origin.....Citizenship.....
5. Date of Birth..... Country of permanent residence.....
6. Postal address.....Tel No.....
   Fax.....Email.....
7. Secondary schools and colleges attended

i) **O Level** Name of the School	**Index No.**	**Date of attendance**
.....	.....	.....to.....
ii) **A Level** **Name of the School**	**Index No.**	**Date of attendance**
.....	.....	.....to.....
iii) **College (where applicable)** Name of the College	**Index No.**	**Date of attendance**
.....	.....	.....to.....

8. First Degree qualifications:
   i) Degree or equivalent attained.....
   ii) Class / Division (where applicable) .....
   iii) Awarding University/Institution.....
   iv) Date of award.....
9. Other qualifications *(indicate dates)*.....
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10. Research and teaching experience.....
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