



**MBARARA UNIVERSITY OF SCIENCE AND TECHNOLOGY**

**Office of the Academic Registrar**

**P.O. BOX 1410 MBARARA-UGANDA**

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**Email: [ar@must.ac.ug](mailto:ar@must.ac.ug), [admissions@must.ac.ug](mailto:admissions@must.ac.ug)**

**Website: [www.must.ac.ug](http://www.must.ac.ug)**

**Affix a  
Passport Size  
Photo**

**APPLICATION FORM FOR PRIVATE SPONSORSHIP. (Diploma Entry)**

**Please Note:**

- Application fees must be paid through Barclays Bank. Account name: Mbarara University /Academic Registrar, Account number: 6000592666. Swift Code: BARCUGKX. **Ushs. 82,750 (East African Applicants) and USD 50 (Non- East African Applicants).**
- Photostat copies of both 'O' and 'A' level result slips and Certificates, Registration Certificate(s) from Uganda Nurses & Midwives Council **or** with Uganda Allied Health Professionals Council, any other academic documents and Birth Certificate must be attached to this form.
- Please make sure you study carefully the current fee structure at the University attached herewith.
- All fees are paid per semester at the beginning of every semester of an academic year and are subject to periodic review as thought appropriate by the University Council.
- This form should be filled and returned to the Office of the Academic Registrar, Mbarara University of Science and Technology **or** to our liaison offices at Uganda Technology and Management University (UTAMU) in Bugolobi Kampala or at Uganda Institute of Allied Health And Management Sciences (UIAHMS-MULAGO) Kampala.
- Application for a program can also be done online through the university online application portal at <http://applications.must.ac.ug>

**SECTION A: PERSONAL DETAILS. Use Capital Letters**

1) Applicant's full Names .....(Capital letters: The names must be those on UCE Result Slip and U.A.C.E. or any other Qualification already attained or birth Certificate, etc.)

2) Gender. (tick) Male  Female       3) Age: \_\_\_\_\_

4) Date of Birth ...../...../.....      5) Place of Birth: \_\_\_\_\_

6) District of Birth \_\_\_\_\_      7) District of Origin: \_\_\_\_\_

5) Country of Birth \_\_\_\_\_      6) Country of Residence: \_\_\_\_\_  
(Please attach birth certificate)

7) Marital Status \_\_\_\_\_      No. of children  Ages. 


8) Religious Affiliation (if any) \_\_\_\_\_

9) Permanent Address. (i) Village/Parish: \_\_\_\_\_  
(ii) Sub-county/Constituency: \_\_\_\_\_  
(iii) District/State: \_\_\_\_\_

10) Contact Address if different from (9) above,  
Postal Address: \_\_\_\_\_

11) Tel: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION B: EDUCATIONAL BACKGROUND**

12) Uganda Advanced Certificate of Education (UACE) or Equivalent

Year..... Index No: ..... Examining Authority:.....

	UACE Subject	Subject Grade	Results in each Paper						Overall Results
			1	2	3	4	5	6	
1									
2									
3									
4									
5									

13) Uganda Certificate of Education (UCE) or Equivalent. Enter result grades (figures) for UCE in boxes below.

Year..... Index No: ..... Examining Authority:.....

ENG	EL	RE	COM	H	G	M	P	C	B	AGR	ART	ICT	KISW	FRE	LAT	FA	CPC	MUS	POL	MIM	WW	

14) If offered qualifications other than UCE and UACE give details below. You may use a separate sheet of paper if more space is needed.

.....  
 .....  
 .....

15) Secondary Schools Attended **(Give names and years)**

Year From.....To.....	Name of School/Institution	Qualification (UCE/UACE)

16) Positions of Responsibility held **(e.g. Prefect, Sports Captain, etc.)**

.....  
 .....  
 .....

17) If you left school give details of employment or course of study undertaken. You may use separate sheet of paper if this space is inadequate.

.....  
 .....  
 .....

18) Tertiary/ Institution Attended **(Give names and years)**

Year From.....To.....	Name of School/Institution	Qualification (Cert./Diploma)

19) Date of Registration with Uganda Nurses & Midwives Council or with Uganda Allied Professionals Council

.....

20) Give details of employment or course of study undertaken. You may use separate sheet of paper if this space is inadequate.

**SECTION C: PROGRAM CHOICE**

21) Select the program choice by ticking in the choice column. i.e.

COURSE	CHOICE	STUDY CENTRE		
		MBARARA	MULAGO	JINJA
Bachelor of Medicine and Bachelor of Surgery (MBChB)				
Bachelor of Nursing Science (Completion Programme)				
Bachelor of Medical Laboratory Science (Completion Programme)				

**SECTION D: OTHER INFORMATION.**

22) Please give details of any physical or other disability that you would want to bring to the attention of the University authorities.

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23) Please provide details of your sponsor(s) if admitted (**Please enclose evidence**)

(i) Name:.....

(ii) Address:.....

(iii) Telephone:.....

**DECLARATION**

I, ..... declare that all the information i have given in this form is correct.

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

**For Official Use Only (Academic Registrar Department)**

**Application verification**

Application verified by;

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