



MBARARA UNIVERSITY OF SCIENCE AND TECHNOLOGY

Office of the Academic Registrar

P.O. BOX 1410 MBARARA-UGANDA

Tel: +256-485 660 584

Email: ar@must.ac.ug, admissions@must.ac.ug

Website: www.must.ac.ug

**Affix a
Passport Size
Photo**

APPLICATION FORM FOR PRIVATE SPONSORSHIP. (Direct Entry)

Please Note:

- Application fees must be paid through Barclays Bank. Account name: Mbarara University /Academic Registrar, Account number: 6000592666. Swift Code: BARCUGKX. **Ushs. 52,750 (East African Applicants) and USD 50 (Non- East African Applicants).**
- Photostat copies of both 'O' and 'A' level result slips and Certificates plus Birth Certificate must be attached to this form.
- Please make sure you study carefully the current fees structure for 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 dates**)

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

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.

.....

SECTION C: PROGRAM CHOICE

18) Select the program choice by ticking in the choice columns. i.e.

Course	1 ST Choice	2 nd Choice	3 rd Choice	4 th Choice
Bachelor of Medicine and Bachelor of Surgery				
Bachelor of Nursing Science				
Bachelor of Pharmacy				
Bachelor of Medical Laboratory Science				
Bachelor of Business Administration				
Bachelor of Computer Science				
Bachelor of Science in Computer Engineering				
Bachelor of Information Technology				
Bachelor of Science with Education- Physics, Maths.				
Bachelor of Science with Education- Chemistry, Maths.				
Bachelor of Science with Education- Biology, Chemistry				
Bachelor of Science Physiotherapy				
Bachelor of Science in Pharmaceutical Sciences				
Bachelor of Planning and Community Development				
Bachelor of Science in Accounting & Finance				
Bachelor of Gender and Women Health				
Bachelor of Science in Agricultural Livelihoods and Farm Production				
Bachelor of Science in Procurement and Supply Chain Management				
Bachelor of Biomedical Engineering				
Bachelor of Engineering in Electrical and Electronics Engineering				
Bachelor of Petroleum Engineering and Environmental Management				
Diploma in Counseling				
Diploma in Science Laboratory Technology				
Certificate in Science Laboratory Technology				

SECTION D: OTHER INFORMATION.

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

.....

.....

20) Please provide details of your sponsor 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:.....