



**MBARARA UNIVERSITY OF SCIENCE AND TECHNOLOGY**

**Office of the Academic Registrar**

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

**Tel: +256-414 668971, +256-485 660 584**

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

**Affix a  
Passport Size  
Photo**

**POSTGRADUATE APPLICATION FORM (2017/2019).**

**Please Note:**

- Application fees must be paid through Barclays Bank. Account name: Mbarara University /Academic Registrar, Account number: 6000592666. Swift Code: BARCUGKX.
  - **Ushs. 50,000 (East African Applicants) and USD 50 (Non- East African Applicants).**
  - **Ushs. 80,000 (East African MBA Applicants) and USD 50 (Non- East African MBA Applicants).**
  - **Ushs. 100,000 (East African PhD Applicants) and USD 100 (Non- East African PhD Applicants).**
- Photostat copies of both 'O' and 'A' level result slips and certificates, degree transcript and certificates, any other academic documents, Birth Certificate and must be attached to this form. **PhD applicants must also attach their C.V. and concept papers.**
- This form should be filled and returned to the Directorate of Research and Graduate Training, 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: \_\_\_\_\_

8) Country of Birth: \_\_\_\_\_      9) Country of Residence: \_\_\_\_\_  
*(Please attach birth certificate)*

10) Marital Status: \_\_\_\_\_      No. of children       Ages: 

Number					
Age					

11) Religious Affiliation (if any): \_\_\_\_\_

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

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

14) Tel: \_\_\_\_\_      Email: \_\_\_\_\_

**SECTION B: EDUCATIONAL BACKGROUND**

15) **SECONDARY SCHOOLS** (Please give details of schools attended)

School Name.	From .... To ....	Address.	Qualification (UACE/UCE)

16) **UNIVERSITY** (Please give details of University/Colleges attended and degrees obtained with dates and full addresses and attach academic transcripts)

University/College Name and Address	Years attended From..... To .....	Degree/Diploma Obtained	Date of Award	Class of Degree

17) **REFEREES.** (Please give names and addresses of two (2) individuals who are familiar with your character and academic potential and ask them to write directly in confidence to the Academic Registrar.)

1	2
Name:	Name:
Address:	Address:
Email:	Email:
Tel:	Tel:

18) **SUPERVISOR(S). For PhD applicants only.** Please give name(s) and addresses of two (2) proposed supervisors. Attach their C.V.'s and letter(s) of willingness to supervise.

1	2
Name:	Name:
Address:	Address:
Email:	Email:
Tel:	Tel:

**SECTION C: PROGRAM DETAILS.** Please provide the details of the program applied for.

(a) Program Name:	Code (if any)
(b) Mode of Study: ( <b>tick one</b> )	Full Time: <input type="checkbox"/> Weekend: <input type="checkbox"/> Part Time: <input type="checkbox"/>
(c) Application for Study by ( <b>tick one</b> )	
(i) Coursework and dissertation	<input type="checkbox"/>
(ii) Research/Thesis	<input type="checkbox"/>

**SECTION D: SOURCE OF FUNDING**

- 19) Please indicate details of any scholarships, or Grant relating to the course for which you are applying.
- (a) Government/Ministry
  - (b) Private Sponsoring (*please specify*)
- 20) Please give details of your funding status.
- (a) Already obtained
  - (b) Already approved
  - (c) Applied for

**NB: Please provide proof. (e.g. Letter of award of scholarship)**

**SECTION E: OTHER INFORMATION**

21) Will your current employer grant permission, if admitted, for the course applied for? If yes, Head of Department should endorse with official stamp.

.....  
(Signature/Official Stamp) Not applicable

22) Have you ever applied for admission to a Postgraduate course at Mbarara University?

- Yes (give date) .....
- No

23) Have you ever applied for admission in any other University?

- Yes
- No

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

.....  
.....

25) 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:.....