



**VICTORIA
UNIVERSITY**
Kampala • Uganda

APPLICATION FORM

Victoria University, Plot 54B Kira Road, P.O. Box 30866, Kampala, Uganda
Tel: +256 417 727 000, Fax: +256 417 727 010, Email: admissions@vu.ac.ug, www.vu.ac.ug

PLEASE WRITE IN BLOCK CAPITALS.

1.0 COURSE SELECTION

Level of study	<input type="checkbox"/> International Foundation Programme	<input type="checkbox"/> Undergraduate
Programme	1 st Choice:	
	2 nd Choice:	
Preferred Entry Date	Month: <input type="checkbox"/> September <input type="checkbox"/> January <input type="checkbox"/> April	Year:

2.0 PERSONAL DETAILS

Family Name:		Title (eg Mr/Mrs/Miss/Ms):	
Given Names:		Marital Status:	
Date of Birth: D D M M Y Y Y Y		Gender (M/F):	Nationality:
Country of Birth:		Country of Ordinary Residence:	
Permanent Home Address:	Address for Correspondence: (if this is temporary please specify dates)		Name and Address of Parent/Guardian/Next of Kin: (state which)
	From:	To:	Occupation:
Tel No: (inc dialling code)	Tel No: (inc dialling code)		Tel No: (inc dialling code)
Email Address:		Confidential Fax No:	

3.0 EDUCATION

Please list in date order all places where you received full or part-time education from the age of 11 years. If you are still studying, include your present place of study.

From:	To:	Institution: Name and Address

3.1 ALL EXAMINATIONS TAKEN AND PENDING

(Educational and Professional – please continue on a separate sheet if necessary)

AUTHENTICATED/CERTIFIED PHOTOCOPIES OF CERTIFICATES, AND TRANSCRIPTS OR NOTIFICATION OF RESULTS MUST BE SENT TO VICTORIA UNIVERSITY IF NOT SUBMITTED WITH THIS FORM.

Awarding Body:	Exam Date:	Subject:	Level/Qualification:	Result/Grade/Mark/%:

4.0 EMPLOYMENT

Please state your current occupation:.....

Please list **all** jobs since leaving full-time education. (If none, please state your parent's/guardian's occupation)

Dates of Employment:	Employer:	Position:

If you are presently employed please state employer's name and nature of your work:

.....
.....

(Note: your employer will not be contacted without your permission)

5.0 FINANCE

Please state how you intend to finance your studies at Victoria University.

.....
.....

6.0 GENERAL

<p>Do you have any applications to other institutions of higher education currently under consideration? Your answer will not prejudice your application. Please specify:</p> <p>.....</p> <p>.....</p>	<p>How did you hear about the Victoria University?</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Are you applying through an Agent? If so please give the name and address details of the Agent.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Did you use our website to find out information about the University before applying?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes – did you find all of the information that you needed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no then please tell us what you would like to have found</p>
<p>Is visa or accommodation required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

7.0 DISABILITIES

We may be able to provide support for students with disabilities. Please help us to help you by completing the information below (tick boxes). Alternatively, confidential information can be given in a sealed envelope marked "Confidential – Student Support Adviser".

- | | |
|--|---|
| <input type="checkbox"/> Blind/Partially Sighted | <input type="checkbox"/> Deaf/Partial Hearing |
| <input type="checkbox"/> Dyslexic | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Wheelchair/Mobility |
| <input type="checkbox"/> Personal Care Required | <input type="checkbox"/> Unseen Disability |

7.1 MEDICAL

<p>Give further details of any physical or other disabilities which might affect your studies or necessitate special arrangements or facilities:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Confidential information can be given in a sealed envelope marked "Confidential – Student Support Adviser"</p>	<p>Please give the name and address of your usual doctor from whom any necessary medical details can be obtained by the University Medical Officer, and sign below to signify your consent:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Signature:</p>
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8.0 Criminal Record

Have you had any criminal convictions, other than minor traffic violations, during the last 10 years.

Yes No.

If yes, please provide details.

Declaration:

I certify that the information given in this application is true, complete and accurate and no information requested or other material information has been omitted. I accept that if I do not fully comply with these requirements the Victoria University shall have the right to cancel my application and I shall have no claim against them.

I understand that this application and all supporting documents become the confidential property of the Victoria University Admissions Office and will not be returned, copied or released (with the exception of examination certificates).

I understand that Victoria University may approach my previous places of learning for a reference.

- I wish to apply for Undergraduate study only
- I wish to apply for Foundation followed by Undergraduate study
- I wish to apply for Foundation Course only

Signature:

Date:

Personal data collected on this form will only be used for the purpose of student and course administration as required by the University and may be disclosed as appropriate to bodies/organisations associated with such courses.



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KNOWLEDGE OF LANGUAGES

To be completed by all applicants whose first language **is not** English.

Mother Tongue:		
Knowledge of foreign languages, other than English (if any)?	Language:	Level of Ability:

The information completed by you in this part of the application form will help us to assess whether additional English preparation is needed prior to your undertaking a course of study at degree level and if necessary to place you at an appropriate level for your English Language Studies.

ENGLISH LANGUAGE EDUCATION

Examinations

Please indicate below if you have taken any of the following:

Exam Title:	Exam Date:	Where Taken:	Result:
IELTS			
TOEFL: <input type="checkbox"/> Paper based <input type="checkbox"/> Computer based <input type="checkbox"/> TWE			
Cambridge (KET/PET/FCE/CAE/CPE etc) (please specify):			
Other (please specify):			

English Language Classes (including classes at school)

Total years of study in English within your own country:	years
Years of study in English at university/higher education:	years
Years of study in English abroad:	years
Country and name of institution(s) with dates where you studied in English:	1)
	2)

Personal Statement (to be completed by all applicants)

Please do not exceed 500 words

**“Why I want to study my chosen programme
and why I want to study at Victoria University”**