



UGANDA CHRISTIAN UNIVERSITY

A Centre of Excellence in the Heart of Africa

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passport-sized
photograph here

OFFICE OF THE DEAN OF SCHOOL OF MEDICINE APPLICATION FORM FOR SHORT COURSES PROGRAMME

NOTE:

Transcript copies of both 'O' level and 'A' level result slip/Certificate, other qualifications should be attached to this form. All academic records in a language other than English must be accompanied by a certified English translation. At registration originals will be required.

PLEASE FILL THIS FORM IN CAPITAL LETTERS

CHOICE OF SHORT COURSE PROGRAMME

SECTION 1.0: APPLICANT'S PERSONAL INFORMATION

Name: (Use name on academic document)	Surname:
	Other names:
Title: (Rev.,Dr.,Mr., Miss.,Mrs)	
Gender: (Male/Female)	
Date of Birth: (DD/MM/YY)	
Nationality:	
Country of Residence:	

1.1 DISABILITY

Do you have any disability? Yes No If yes, state the type of disability

- Chronic illness
- Physical disability
- Impairment (Hearing, speaking, seeing etc.)
- Others

Briefly state the nature of disability _____

1.2 APPLICANT'S CONTACT

Postal Contact:	P.O Box	Town:
	Country	
Telephone		Email:

1.3 REFERENCEES

Give one name of a person in a responsible position from whom confidential information may be obtained about you if necessary

Name:		
Nationality:		
Postal contact:	P.O Box	Town:
	Country	
Telephone:		Email:

SECTION 2.0: EDUCATION BACKGROUND

2.0 Secondary Schools/Colleges/Special training taken (Given names, dates and qualifications)

Name & address of school / institution	From	To	Qualification

SECTION 3.0: EMPLOYMENT RECORD

Name & address of employer	Designation	From	To

SECTION 4.0: DECLARATION

All cases of impersonation, falsification of documents or giving false/incomplete information whenever discovered either at registration or afterwards will lead to automatic cancellation of admission and prosecution in the Uganda courts of Law.

I have noted & understood the implication of giving incomplete/incorrect information. I confirm that all the information given in this form is correct

Signature of Applicant:

Date: