



Date Received:

THIS FORM SHOULD BE TYPED OR PRINTED IN BLOCK LETTERS

## PERSONAL DETAILS

Surname / Family Name:

First / Given Names:

Gender:

Male:

Female:

Title: (Mr/Ms etc)

Date of Birth:

Country of Birth:

Country of Residence:

Nationality:

Attach Recent Passport Photo

## ADDRESS

Home/ Permanent Address:

Correspondence Address: (if different from home address)

Street:

Street:

Postal Address:

Postal Address:

City / Town:

City / Town:

Post Code:

Post Code:

Telephone No:

Mobile No:

Email Address:

Email Address:

Tel No. of

Tel No. of

Next of Kin:

Next of Kin:

## PROGRAMS

Classes are held on the IUEA Ggaba Road campus in the evenings on Mondays, Tuesdays and Wednesdays, from 6 pm to 9 pm.

## ENTRANCE EXAMINATION

An entrance exam will be given to all applicants before admission is granted.

## PREVIOUS EDUCATION

University / Institute / College (Include address and country)	Qualifications Obtained (if any)	Date Obtained	Full time/ Part time/ Distance?

## EMPLOYMENT INFORMATION

Employer (Include address and country)	Position and Work Performed	Dates	
		FROM	TO

## REFERENCES

Provide two names of referees. The referees should be either your lecturers, professors or supervisors at work. Give the contact information of the referees below:

### Referee 1

Referee Name:

Referee Address:

Referee Telephone No:

Referee Email:

## Referee 2

Referee Name:

Referee Address:

Referee Telephone No:

Referee Email:

*Referees should place their letters in sealed envelopes and give to students.*

## REGISTRATION REQUIREMENTS

1. Proof of payment for the application form (only original receipts will be accepted)
2. Certified copies of relevant academic documents, transcripts, certificates, etc.
3. Copy of Birth Certificate
4. Medical report from a doctor
5. Two (2) sealed letters of reference

### Note

Do not send original documents at this stage. The University will not return documents submitted; and will not be held liable for original documents.

Do bring original copies of all documents to the University at the time of your enrollment for verification.

## DECLARATION

I confirm that the information I have given is true, complete and accurate.

Signature:

## WHERE TO RETURN DOCUMENTS

Please return this completed form and items two through four above to:

The Admissions Office  
International University of East Africa  
Plot No. 1112/1112, Kansanga Ggaba Road,  
P.O.Box 35502, Kansanga Nabutiiti  
Kampala - Uganda

Or scan and email to: [admissions@iuea.ac.ug](mailto:admissions@iuea.ac.ug).

## How did you hear about us?

TV Station

Radio Station

News papers

Phone Calls

Text Messages

Out-door Exhibitions

Agents

Other

### For University Use Only

Admitted For: (Program)

Faculty:

Department:

Registration No:

Not Admitted (Reason)

Signature of Academic

Date:

Registrar:

Stamp