AFRICAN UNIVERSITY OF SCIENCE AND MANAGEMENT (AUSM)



Macademic Registrar Admissions Office

Passport Photo

Website: https://ausm.ac.ug/|

Phone: +256 747 224424/ +256 791 2215 580/ +256 (0) 392 001 825 |

APPLICATION FOR ADMISSION TO UNDERGRADUATE AND DIPLOMA PROGRAMME. Year: 20					
Complete in block letters. The form is incomplete without the academic/ Qualification documents attached.					
Use ticks (✓) where applicable. Return to the office of the academic registrar					
TABLE 1: PERSONAL & CONT	ACT DETAILS				
Full Name (Surname First)		Pass	port/ID Number		
Gender (Male/Female)		Marital Status			
Date of Birth (DD/MM/YYYY)		Postal Address			
Nationality		Tel contact (1& 2)			
Email address	Tel contact (1& 2)				
TABLE 2: PARENT/ SPONSOF	R CONTACT DETAILS				
Name:	Contact Pho	ne (1&2)	Email A	ddress	
TABLE 3: EDUCATION BACK	ROUND				
UCE (Subjects)					
UCE Scores					
UACE Combination taken				Grade	
UACE Scores					
Other qualifications ()</td <td>Degree Postgrad</td> <td>duate</td> <td>Certificate</td> <td>Other</td>	Degree Postgrad	duate	Certificate	Other	
Attach relevant document where applicable					
TABLE 4: ACADEMIC AND PROGRAM DETAILS: Use ticks (✓) where applicable					
☐ Certificate in	\square Diploma in	oma in $\hfill\Box$ Bachelor of		\square Bachelor of Art in	
	.				
☐ Other (Specify):	Preferred Mode of St Online	udy: 🗆 Full-Tim	ne ⊔ Part-Time ⊔	Intake Year	
TABLE 5: DECLARATION	Onune				
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I certify that all information pr application.	ovided is accurate and co	implete. Funde	istanu that raise s	tatements may invalidate my	
Applicant's Name					
Applicant's Signature			Date (DD-	-MM-YYYY):	
TABLE 6: FOR OFFICIAL USE	ONLY:			,	
Application Number	☐ Accepted F	Remarks		Date received	
	☐ Rejected			Data Approved	
	□ Pending			Date Approved	
Admission Officer's		Signature			
Name					