



**MULTITECH  
BUSINESS  
SCHOOL**

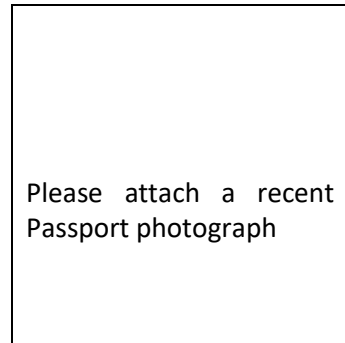
**APPLICATION FOR ADMISSION  
TO POST GRADUATE DIPLOMAS,  
UNDERGRADUATE DEGREES,  
DIPLOMA AND CERTIFICATE COURSES**

Center:	
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It is essential that you complete all relevant sections of this form. This will ensure efficient processing of your application. Complete the form in BLUE or BLACK ink. Please use **CAPITAL** letters.

**1. PERSONAL DETAILS**

Surname/family name:.....  
(as on birth certificate/passport)  
First/Given names:.....  
Title:.....  
(Mr./Mrs./Miss/Ms./Dr/Rev)  
Date of Birth:.....  
(DD.MM.YYYY)  
Country of Birth:.....  
Country of Residence:.....  
Nationality:.....  
Religious Affiliation:.....  
Marital status:.....



**1. ADDRESS**

Home(permanent) Address  
  
Postal Address.....  
(Street address or post box)  
Home District.....  
City/Town.....  
Postcode.....  
Telephone.....  
Cell phone.....  
Fax.....  
Email.....  
First/Given name.....

Next of kin  
Name:.....  
(if different from Home Address)  
  
City/Town:.....  
(street address or post box)  
Postcode:.....  
(where available)  
Country:.....  
Telephone:.....  
Cell phone:.....  
Fax:.....  
Email:.....

The complete form and all supporting documents should Reach the School not late than September of the year you are seeking admission and should be sent to:

Application, the Registrar, Multitech Business School,  
P.O.Box 10923, Kampala, Uganda or to the Multitech  
Business School Offices in Kampala, Kakiri and Hoima

Further information is available at [www.multitech.ac.ug](http://www.multitech.ac.ug)

2. PREVIOUS EDUCATION

• **SECONDARY SCHOOL LEAVING EXAMINATION**

UGANDA ADVANCED CERTIFICATE OF EDUCATION(UACE) OR EQUIVALENT.

Certified photocopies of results and certificates must be attached to this application form.

Examining Authority:.....

Name and address of school:.....

Year of Examination:..... Index Number:.....

Subjects Indicate whether principle (p) or subsidiary (s)	Results/Grade						Overall Grade
	Papers						
	1	2	3	4	5	6	

**ORDINARY LEVEL EXAMINATION**

UGANDA CERTIFICATE OF EDUCATION (UCE) OR EQUIVALENT.

Certified photocopies of results and certificates must be attached to this application form.

Examining Authority:.....

Name and address of school:.....

Year of examination:.....index Number:.....

Subject	Grade	Subject	Grade	Subject	Grade
ACCOUNTING		ENGLISH LITERATURE		MUSIC	
AGRICULTURE		FINE ART		PHYSICS	
BIOLOGY		FRENCH		RELIGIOUS EDUCATION	
CHEMISTRY		GEOGRAPHY		TECHNICAL DRAWING	
COMMERCE		HISTORY		LUGANDA	
ENGLISH LANGUAGE		MATHEMATICS			

ANY OTHER ACCADEMIC QUALIFICATIONS.

Certified photocopies of results and certificates must be attached to this application form.

University/institute/college (Include address & country)	Qualifications Obtained (if any)	Date obtained	Full time/Part time/Distance




**3. EMPLOYEMENT AND PROFESSION QUALIFICATIONS**  
**EMPLOYMENT INFORMATION**

Employer (Include address and country)	Position and work carried out	Dates	
		From	To



**PROFESSIONAL QAULIFICATIONS**  
 Details of any professional qualifications held if any

Qualification	Date obtained



**4. PERSONAL STATEMENT**  
 Please provide a short statement indicating why you wish to undertake this programme  
 (you first preference)

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**5. ENGLISH LANGUAGE COMPETENCY**

English is the language of instruction at Multitech Business School. It is therefore imperative that all students have a good command of English may be required to undertake a remedial English course (to be given by the school every July) prior to enrolling in the school.

Please indicate your level of competency in English.

	Speaking	Reading	Writing
<b>Fluent</b>			
<b>Adequate</b>			
<b>Basic</b>			

Do you have any English language qualifications?      Yes       No   
 ( Such as TOEFL or a university qualification in which instruction was in English )

**6. EQUAL OPPORTUNITY**

Please indicate any medical condition you may have that may require adjustments to be made to the curriculum or the leaching environment.

- None       Unseen disability e.g diabetes,
- Dyslexia       epilepsy
- Deaf/hearing impaired other       Blind/partially sighted
- Wheelchair user/mobility       other
- difficulties

**7. REFERENCES**

Please provide the name of one person who is aware of your academic or professional ability and can support your application by providing a reference. You must forward the attached referee form to your referee, who should fill it in and return it to you in a sealed envelope. Form should be officially stamped. NOTE: Referees cannot be related to you in any way.

Name of Referee:.....  
 Address :.....  
 City/Town : ..... postcode: .....

Country:.....  
Cell phone:..... Telephone:.....  
E-mail:..... Fax:.....

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**DECLARATION**

I confirm that the information given on this form is to the best of my knowledge true, correct and accurate.

Signature of Applicant:..... Date:.....

**COURSES AVAILABLE FOR THE  
..... ACADAMIC YEAR**

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**POST GRADUTE PROGRAMMES**

First Choice.....UM/MBS  
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Second Choice.....UM/MBS  
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Third Choice.....UM/MBS  
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**DEGREE PROGRAMMES**

First Choice.....  
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Second Choice.....  
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Third Choice.....  
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**DIPLOMA PROGRAMMES (TWO YEARS AND THREE YEARS)**

First Choice.....  
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Second Choice.....  
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Third Choice.....  
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**CIRTFICATE PROGRAMMES**

First Choice.....  
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Second Choice.....  
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Third Choice.....  
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Please access all course on Brochure attached.

**SESSION OF STUDY:**

**Morning**       **Evening**       **Weekend**       **Distance**

**REFEREE REPORT FORM**

**(Confidential)**

Please complete the form in BLUE or BLACK ink

Center:

To: The Applicant

Please complete this section of the form, then pass it to the referee named on your application form, requesting that it be completed by him/her.

**Applicants Name (Surname/initials):**

(as on birth certificate/passport)

**Course applied for:**

(Your first preference)

To: The Referee

I would be grateful if you would use this form to give, in the space below, your opinion about the applicant.

- a) The length of time you have known the applicant
- b) If the candidate is/was employed by your organization, their duties and standard of work.
- c) If the candidate's first language is not English, whether you consider his/her command of English (written and spoken) adequate for the applied for.
- d) Any other information you think relevant and which you feel would assist us our decision would be most welcome.

Name :..... Position .....

Organization:.....

Signature:..... Date .....