



KING CEASOR UNIVERSITY

Main Campus Plot 30/33, Bunga Hill,
P.O. Box 88, Kampala - Uganda

+256 705 444540 | +256 704350007

admissions@kcu.ac.ug

www.kcu.ac.ug

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This box is for University use only

Undergraduate Application Form 2022/2023 Academic Year

Please write clearly in capital letters with blue/black ball pen

PERSONAL INFORMATION

Title(Dr/Mr/Ms/Mrs/Rev):		Last Name(s):	
First Name:		Date of Birth (DD/mm/yyyy)	
Gender:	Marital Status:		
Male <input type="checkbox"/> Female <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Others (Specify) <input type="checkbox"/>		
Passport/ID No..		Nationality	Country of Birth:
Country of Ordinary Residence:		Occupation:	Religion:

Please attach
A recent passport
Photograph

Permanent Home Address

(Physical Address)

Telephone No:

Mobile No:

Email:

Date of Application:

DETAILS OF PROGRAM(S) TO STUDY (To select a program, refer to www.kcu.ac.ug)

1st Choice:

2nd Choice:

3rd Choice:

Please indicate how you heard about KCU Program

Website ☐

Newspaper ☐

Social Media ☐

Friend ☐

Mode of fees payment

Per semester ☐

Per Year ☐

Entire Program duration ☐

Proposed start date

January 2023 ☐

April 2023 ☐

August 2022 ☐

This completed form and all supporting documents should be
Sent to or delivered to the University via E-mail, Post or by Hand
Not later than December 30, March 30 or July 30 respective of the intake of
The year you are seeking admission.

Undergraduate Applications
Office of the Registrar
King Ceasor University
Bunga Hill Main Campus, P.O. Box 88, Kampala, Uganda
Mobile: +256 444 540, +256 772 571 312
Email: admissions@kcu.ac.ug, info@kcu.ac.ug, contact@kcu.ac.ug

For further information please visit www.kcu.ac.ug

FOR OFFICIAL USE ONLY

School Decision

Application No.

Course

PARENT/GUARDIAN INFORMATION

(Give details of Parents and Guardian where applicable)

Father
Is father living? <input type="checkbox"/> Yes <input type="checkbox"/> No (Date Deceased _____)
Name:
Nationality:
Occupation:
Telephone No: Include Area/Country code
Mobile No: Include Area/Country code
Email:

Mother
Is Mother living? <input type="checkbox"/> Yes <input type="checkbox"/> No (Date Deceased _____)
Name:
Nationality:
Occupation:
Telephone No: Include Area/Country code
Mobile No: Include Area/Country code
Email:

Guardian
Is Guardian living? <input type="checkbox"/> Yes <input type="checkbox"/> No (Date Deceased _____)
Name:
Nationality:
Occupation:
Telephone No: Include Area/Country code
Mobile No: Include Area/Country code
Email:

PREVIOUS EDUCATION

SECONDARY SCHOOL LEAVING EXAMINATION

UGANDA ADVANCED CERTIFICATE OF EDUCATION (UACE) OR EQUIVALENT

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

Examining Authority:	
Name and Address of School:	
Year of Examination :	Index No.

Subjects	Results/Grade						
	Papers						Overall Grade
	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 No.

Subjects					
Provide Grade/Marks(not)pass, credit. Distinction)If a subject is not listed, include it in the spaces provided					
Subjects	Grade	Subject	Grade	Subject	
ACCOUNTING		ENGLISH LITERATURE		MUSIC	
AGRICULTURE		FINE ART		PHYSICS	
BIOLOGY		FRENCH		RELIGIOUS EDUCATION	
CHEMISTRY		GEOGRAPHY		TECHNICAL DRAWING	
COMMERCE		HISTORY			
ENGLISH LANGUAGE		MATHEMATICS			

ANY OTHER ACADEMIC QUALIFICATIONS

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

University/Institute / College	Qualifications Obtained (If any)		

Please provide a short statement indicating why you want to undertake this Program(your first preference)

This image shows a full page of blank handwriting practice paper. It features ten evenly spaced, horizontal green lines running across the entire width of the page. The background is plain white, providing a clear guide for letter height and placement. There are no margins, text, or other markings present.

REFERENCES

Please provide the name of a person who is aware of your academic or professional ability and can support your application by providing a reference. **(N.B: Referee should not be related to you in anyway).**

Name of Referee		
Physical Address		
Address	Postcode	
City/Town	Telephone No	
MobileNo:	Fax	
Country	Email	

DECLARATION

- a) I certify that the information provided, the statements made by myself and documents attached, are to the best of my knowledge, true and accurate.
- b) I hereby agree, if admitted as a student at St Augustine International University to observe and comply with all the rules and regulations, procedures and guidelines.
- c) I agree to King Ceasor University processing my personal data contained in this form, as well as other personal data the University may obtain from me, or from other people connected to my studies. I agree to the retention and disclosure of such data for normal academic and administrative purposes.

Applicant's Signature

Date: _____