**OFFICE OF THE ACADEMIC REGISTRAR**

**ACADEMIC INFORMATION FORM.**

**DIPLOMA AND CERTIFICATE STUDENTS REGESTRATION FORM FOR FIRST YEAR STUDENTS SEMESTER ONE YEAR 2024/2025.**

**NOTE: I.** This form **must** be completed in duplicate by every first year student at the time of manual registration.

II. When completed and certified by the academic registrar, one copy will be retained by the principal of the school.

**SECTION A**

**{To be completed in CAPITALS by the student.}**

**ALL NAMES MUST BE WRITTEN IN FULL AS THEY APPEAR ON THE STUDENTS ACADEMIC DOCUMENTS**

|  |  |
| --- | --- |
| Registration Number: | Program me: |
| First name: | Second name: |
| Other names: |  |
| Male | Female |
| Date of birth | Place of birth: |
| Tribe: | Home District: |
| 12/Nationality: |  |
| Marital status: |  |
| Guardian s Name: | Guardian’s occupation: |
| Guardian’s Address: |  |
| Religious Affiliation |  |
| Home address: | Telephone No: |
| Email address: | Fax No.: |
|  |  |

**2. Please indicate the avenue through which you were admitted {Please tick the appropriate}**

a. Direct entry …………………………..

b. Mature age entry …………………………..

c. Diploma holders’ entry …………………………..

d. Certificate holder’s entry ……………………..

e. Other avenue {Specify} ……………………..

**f. Tick the appropriate category you belong:**

I. A Day Student ……………… iv. An Afternoon Student ………………

ii. An Evening Student ………………

v. Distance Education Student ……..

iii. An Occasional Student ………. vi. Student at a Connected Institute………

**3. Education Background**

a. Secondary Schools Attended with Dates:

|  |  |  |
| --- | --- | --- |
| **School** | **Date** | **Award** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**b. Uganda Certificate of Education or Equivalent Examination Results**

**School center:** ……………… **Index No.:** …………………………… **Year**………………..…..

|  |  |
| --- | --- |
| **Subject** | **Grade** |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**c. Uganda Advanced Certficate of Education or Equivalent Examination Results.**

School Centre ……………………………….. Index No…………… Year…………….

Subject Grade Subject Grade

1 4

2 5

3 6

**d. Training college\institute\University**

Name Award Year

1.

2.

3.

6.Sponsors\ Financing Body; a. Name…………………………………………………………

b. Address………………………………………………………

Original of the “O” and “A” Level Certificate \Slips and any professional Diploma or other Certificates\Transcript MUST be presented for checking.

Photocopy of the “0”/ “A” level and Diploma Certificate\ Slip **MUST** be attached.

**SECTION B**

**COURSES TO BE REGISTERED FOR THE SEMESTER.**

**Courses for the semester.**

|  |  |  |
| --- | --- | --- |
| **CODE** | **COURSE NAME** | **CREDIT UNIT** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Only courses relevant for a specific semester can be registered for e.g. in semester 1 only courses specified for semester 1 can be registered for.

2. According to the semester regulations a student can take courses whose total credit units does not exceed 28 credit units.

3. Failure to register within the given period will require you to pay a penalty of UGX50,000/- as late registration.

4. 1& 2 above should be taken into consideration when completing courses to be registered for.

**Declaration by Student.**

**(Incorrect information may lead to serious consequences as stated in the admission letter, i.e. CASE OF IMPERSONATION OR FALSIFICATION OF DOCUMENTS WHENEVER DISCOVERED, EITHER AT REGESTRATION OR AFTERWARDS,WILL LEAD TO AUTOMATIC CANCELLATION OF ADMISSION)**

A). I declare to the best of my knowledge the information given above is correct.

b) I DO HERE UNDERTAKE to seek the truth, to study diligently, to obey the principal, and ALL OTHERS in authority in school, to observe the regulations of the school, TO EXERCISE DISCPLINE and promote its.

**Signature: .……………………………………………….………. Date: ……………….……………..………………….**

**For Official Use Only**

I declare that on the basis of documentary evidence available in respect of claims made in paragraph 3 and 5 above and all other aspects, the candidate is here by registered for the programme shown in paragraph 4 above.

**Name**: …………………………………..………………………….. **Title**: …………………………………….

**Signature**: …………………………………………………………. **Stamp**:

E-Mail: [ciicahm@gmail.com](mailto:ciicahm@gmail.com)