



Application Form

Photograph

Personal Details

Family Name First Name Other Names

District P.O. Box

E-mail Mobile Phone

Date of Birth Place of Birth:

Gender: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widow/Widower ☐ Separated

If married: Name of Your Spouse Number of Children

Nationality

Father's Name Mother's Name

Mother Tongue: Other Languages (if any)

Religion.....

If Seventh Day Adventist: Your Local and District Church

Employment

Address of your Employer

Health Status: ☐ Excellent ☐ Good ☐ Poor

Do you have health problems or a chronic disease(s)? ☐ Yes ☐ No

If yes, which one(s)?

Financial Information

Who will pay for your school fees....

Address of your sponsor

Attach a letter of guarantee for payment of school fees to the university

Academic Programs:

☐ Day☐ Evening☐ In Service

Tick the Major course you would like to pursue in the following Faculties:

Business Administration: Major: ☐ Accounting; ☐ Management; ☐ Finance; ☐ Marketing

Information Technology: Major: ☐ Information Management; ☐ Networks & Commun. Sys; ☐ Software Engineering

Education: Major & Minor: ☐ Accounting & IT; ☐ Economics & Math.; ☐ Educational Psycho. & Religion
☐ Educational Psychology & Geography; ☐ Geography & History; ☐ English & French

Note – For the above Major & Minor in Education Faculty, you may also choose the Major as a Minor OR a Minor as a Major.

Theology: Major: ☐ Theology

Nursing: Major: ☐ Nursing | **Midwifery:** Major: ☐ Midwifery

In-Service Training Sites

☐ Main Campus (in Education and Theology) ☐ Gisenyi (in Theology)

☐ Bujumbura (in Theology)

Educational Background

Secondary Schools attended:

#	Name of Secondary School	Year Begun	Year of Completion
1			
2			

Higher Learning Institutions attended:

#	Name of Institution	Year Begun	Year of Completion
1			
2			

Referees

Names and addresses of two referees who academically know you, one of whom should be either the Headmaster of Institution or his senior coordinator in charge of courses or discipline. An applicant in theology must have a letter of recommendation from his/her Seventh Day Adventist Association or Union.

1. Full name Mobile Phone Address
2. Full name Mobile Phone Address

When you decided to apply, where did you hear about AUCA: Family [☐] Friends [☐] Radio [☐] TV [☐] Brochure [☐]

Internet [☐] Other [☐] Specify:

Statement

I hereby declare that the above information given is true and complete. I am informed on the right of AUCA to refuse my application or cancel my registration any time the information given will be wrong. I promise to undertake the academic regulations included in Student Handbook and AUCA Bulletin.

Names of Applicant Signature

Done at Kigali, on

Case Reserved for AUCA Administration (You must have a minimum of 2 Principal Passes)**

Received on.....Certified copy of Diploma/Certificate.....Option:.....

Grade reports/ Transcripts: S4.....S5.....S6.....

Four (4) Photos Passports Photocopy of Passport/ID Card Medical Insurance Proof.....

Receipt of **non-refundable** Application Fee (30,000 Frws for Rwandan Applicants and 50 USD for International Applicants) paid through Bank of Kigali - Account No.040-0280275-75) Proof of Health Insurance