



FASTLINE INSTITUTE OF HIGHER EDUCATION-KAMPALA

P.O.BOX, 2849, Kampala.

TEL. 0774-182 449/0702-840 251

STUDENT'S COURSE APPLICATION FORM

Application Instructions.

1. All applicants must have the necessary academic documents required to apply for a given course.
2. Complete all the required sections in this form in block and return to the academic registrar's office.
3. All non-Ugandan applicants must have the equivalency of the academic documents in the Ugandan education system.
4. A recommendation letter from the church, NGO or any organisation if you applied through a scholarship or the foundation.
5. When returning this application form, please attach the following;
 - i. Photo copy of your academic documents (If any).
 - ii. Two recent passport size photographs.

PART-1: PERSONAL INFORMATION.

Date.....

Sur name:

First name.....

Title (mr/ms/mrs/Dr/Rev)

Date of Birth:

Marital status: (single, married, widowed or divorced)

Sex: (male, female)

Religion:.....

Nationality:.....

Who is going to sponsor you?

If any, please indicate:

Sponsor name:.....

Address:.....
.....

Tel..... email:.....

Which course are you applying for:.....
.....

Any other option course:.....

.....

Which study program would wish to be on? Day/evening/weekend/in-service

.....

Have you previously applied for any course at Fastline Institute?.....

Where do you plan to reside? On campus/at home/personal rental/hostel, others

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How did you come to know Fastline Institute? Through a friend/advertisement/a recruiter/others.....

Can you speak, read and write in English?.....

Briefly explain some reasons why you want to undertake the chosen course.

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PART-2: FAMILY BACKGROUND

Parent's/Guardian's name (father):

Parent's/Guardian's name (mother):.....

Parents' occupation: Father's mother:.....

Contacts: Father's Tel..... Mother's Tel:.....

Any other personal known to you:..... Tel.....

Student's contact:.....

PART-3: PHYSICAL ADDRESS

Village/Zone:..... Parish:.....

Sub-county:..... district:.....

PART-4: ACADEMIC BACKGROUND

YEAR	PREVIOUS SCHOOL	QUALIFICATION	INDEX No.	Aggregate obtained	div.

Examining Body.....

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Any position of responsibility you held in your former school eg school prefect, class monitor, councillor, club leader, etc

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PART 5: EQUAL OPPORTUNITY

The institute welcomes all students and therefore strongly encourages you to disclose any disability or medical conditions which may have an impact on your studies while at the institute. This will help us plan and put in place the necessary facilities.

Please indicate accordingly (tick)

- ❖ No disability
- ❖ blind/partially sighted
- ❖ Unseen disabilities e.g. diabetes, pressure, epilepsy, possessions, etc
- ❖ Wheel chaired or mobility difficulties
- ❖ Others (please indicate)

PART-6: DECLARATION

I, declare to the best of my knowledge that the information given here is correct, nothing but full of truth.

Student's signature:..... date:.....

PART-7: FOR OFFICIAL USE ONLY.

I certify that the above student has fulfilled the requirements for the registration on the named program and registered in:

The school/department:.....

Course:.....

.....

Name of the registrar

.....

signature

.....

date and official stamp