

A fully accredited/chartered University by the Government of Rwanda
Website: www.uok.ac.rw / Email: universityofkigali@uok.ac.rw
P.O BOX 2611, Kigali-Rwanda
Tel: + 250 788303385/+250 788303386

OFFICE OF THE ACADEMIC REGISTRAR

FOR OFFICIAL USE ONLY

Submitted documents –write YES or NO in the box next to the specification. If NO state the agreed Modalities of completion of the file in the space provided.

1. Notarized copy of s.6 certificate ☐
2. Equivalence of foreign certificate ☐
3. Copy of National Identity card ☐
4. Passport size photographs (2) ☐
5. Copy of personal or parent's medical insurance ☐
6. Transcript from the previous institution (Transfer Student) ☐
7. Number of principal passes ☐ subjects in which the candidate attained principal passes-----
.....

RECEIVED AND CHECKED BY:

Name: -----Date & Signature: -----

FOR THE APPLICANT

Please complete all sections carefully in BLOCK CAPITALS in **black** or **blue** ink, and attach certificates / other required documentation. You can also download this form from: www.uok.ac.rw Failure to complete this form in full will result in your application being delayed and it may not be considered within our advertised processing times.

1. NAME & ADDRESS

Title: Mr./Mrs./Miss/MsDate of start year __/__/____ Male ☐ Female ☐
First/Given name(s)
Surname/Family name
Next of kin's name.....phone numbers.....
Father's Name.....Mother's Name.....

PHOTO

2.RESIDENCE PLACE	
Home Address Residence e address if different	Marital status.....
Country.....	Nationality
Province Region/State).....	Date &Year of Birth.....
District/City.....	Birth Place.....
Sector.....	Occupation.....
Cell (akagari).....	National Id /Passport No.....
Village (umudugudu).....	Country.....
	Year of Completion (A Level).....

This will be the main method of communication with applicants, please ensure details below are legible and accurate.

Mobile telephone number

Personal Email address

Parent/Guardian/Sponsor Name.....Phone.....

Sponsor's Name Phone

3. COURSE OF STUDY APPLIED FOR:

Course Name:

Study Mode: Full time/Day ☐ Evening ☐ Weekend ☐ **Start date:** ☐ September ☐ January ☐ May ____ Year

If you are applying for advanced entry levels to an Undergraduate Course please indicate year of entry: Yr2 ☐ Yr3 ☐

School.....Department.....Reg No.....

4. NATIONALITY & IMMIGRATION

What is your Nationality? (As stated on your passport)	
In which country were you born?	
In which country do you currently live?	

5.SECONDARY Education

Name of school he /she completed secondary/ University.

Education.....

Two Principal Pass.....

Subjects (A, B).....

3b. FEES INFORMATION You must give details of who will be paying your fees. A sponsor is defined as a company or other organisation and does not refer to a private individual, such as a member of your family. If sponsored please attach a copy of your sponsor letter, if available

Who will pay your fees? Yourself ☐ Sponsor ☐ Sponsor Name:

6. STATEMENT OF PURPOSE IN SUPPORT OF APPLICATION: This section must be completed for all applications, failure to do so will delay your application. It may not be considered within our advertised processing times.

You should state why you want to undertake this course: provide information on your previous academic and professional studies and how this course will enable you to develop further; give details of any relevant experience (including paid and voluntary work), and outline the skills and attributes which make you suitable for this course and your long term goals.

Continue on a separate sheet if required

7. REFERENCE: All applicants must provide one recent reference. References must be written within the last 6 months and provided on letter headed paper, signed and dated. The referee should be a course tutor if you have been in education within the last two years or your current or most recent employer. Candidates applying on the basis of work experience must provide at least one reference from their most recent employer. The referee should not be a friend or family member.

Name of referee 1.....	Name of referee 2.....
Organisation.....	Organisation.....
Course Tutor <input type="checkbox"/> Line Manager <input type="checkbox"/>	Course Tutor <input type="checkbox"/> Line Manager <input type="checkbox"/>
Reference attached <input type="checkbox"/> Reference to follow <input type="checkbox"/>	Reference attached <input type="checkbox"/> Reference to follow <input type="checkbox"/>

8. LEARNING SUPPORT REQUIREMENTS: Please complete this section if you have any disability, medical condition or specific learning difficulty. If you require further advice please contact Student Services at the University of Kigali.

Do you have a disability, medical condition or specific learning difficulty? Yes ☐ No ☐

If yes, please name the condition and give brief details; our Student Support Service will contact you to discuss any support needs.

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Continue on a separate

9. Please tell us how you found out about this University

UoK Website <input type="checkbox"/>	News paper/ radio/tv Advert <input type="checkbox"/>	Web Advert <input type="checkbox"/>	Social Media <input type="checkbox"/>	friends <input type="checkbox"/>	Other <input type="checkbox"/>
Please provide further details (e.g. name, location, date)					
.....					

10. DECLARATIONS

Declaration

I certify that, to the best of my belief, the information I have provided is complete and true. **Please note if any information is withheld or misrepresented, we reserve the right to withdraw your Application and / or any Offer made.**

Signature of Applicant **Date**

Signature of Parent/Guardian **Date**
(if applicant is under 18 years)

Please return this completed form with copies of the documentation required to the University of Kigali (UoK), at Prester House-Kacyiru, Kigali-Rwanda

11. CHECKLIST: For Admissions Office only. Please ensure that you completed sections **1** to **12** of the application and have attached and provided all the documents listed below.

Nationality & Immigration Documents (specified in section 3)	<input type="checkbox"/>
Qualifications (specified in section 4 and 4a)	<input type="checkbox"/>
Professional Registration (specified in section 6)	<input type="checkbox"/>
Statement of purpose (7)	<input type="checkbox"/>
References, if available (specified in section 8)	<input type="checkbox"/>
Learning support requirements, if required (specified in section 9)	<input type="checkbox"/>
Declarations (specified in section 110)	<input type="checkbox"/>
I can confirm that all sections 1 to 11 have been completed	<input type="checkbox"/>

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Offer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Statement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Academic	Yes <input type="checkbox"/> No <input type="checkbox"/>
English	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reference	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other	
IAO / CDM	
OLB Codes	

For more information about the University of Kigali please go to: www.uok.ac.rw

1. Acceptance by Head of Department

Names.....Date and signature.....

2. Acceptance by Dean students

Names.....Date and Signature.....

3. Acceptance by the Deputy Vice Chancellor Academics

NamesDate and Signature.....