

APPLICATION FORM "B": DISTANCE LEARNING DIPLOMA PROGRAMMES

Official use only:



BUKALASA AGRICULTURAL COLLEGE
P.O. BOX 174, WOBULENZI – LUWEERO, UGANDA

OFFICE OF THE ACADEMIC REGISTRAR



APPLICATION FOR ADMISSION TO THE COLEGE
UNDER THE PRIVATE SPONSORSHIP SCHEME 2019 /2020 DISTANCE LEARNING PROGRAMME

ATTACH CURRENT PHOTO

ACADEMIC YEAR FOR WHICH ADMISSION IS SOUGHT E.G 2019/2020

- Note: - (i) This form must be submitted with evidence of payment of application fee of 32,900= (Thirty two thousand nine hundred shillings only)
(ii) To be completed by the applicant who are seeking admission to the College.

SECTION A

PROGRAMME/COURSE APPLIED FOR

Please indicate in the box provided the 1st choice and 2nd choice only.

1. COURSES

National Diploma in Agriculture – Distance Learning (3 Years)

[Empty box for course selection]

National Diploma in Animal Husbandry – Distance Learning (3 Years)

[Empty box for course selection]

SECTION B.

2. PARTICULARS OF APPLICANT

- (a) Surname in (Full)
(b) Other names (in full)
© Sex (tick) Male [] Female []
(d) Date of birth (DD MM YY
(e) Age
(f) Citizenship /Nationality
(h) Home District

3. Uganda Certificate of Education (UCE) or its equivalent.

Index No. _____

Year of Examination _____

Subject	ENG	MATH	BIO	AGRIC	PHY	CHE	GEO	COMM
Grade											

Attach a photocopy of (UCE) or its equivalent.

4. Uganda Advanced Certificate of Education (UACE) or its equivalent

Index No. _____

Year of Examination _____

Subject	GEN. PAPER	SUBSID. MATH	COMP SCI	BIO	MATH	AGRIC	PHY	CHE	GEO	ECON	F/N	ENT.
Grade												

Attach a photocopy of (UACE) or its equivalent.

5. Post-Secondary Certificate Course

Subject						
Grade						

6. Schools / Institutions attended

Year		Name of school	Qualification obtained	Class of award
From	To			

Attach certified copies of certificates from the awarding Institutions.

SECTION C

7. Other Personal Information

- (a) Marital Status (married, Single)
- (b) Permanent Address
- © Emergency contact Address (if different from b above)
- (d) Telephone No.
- (e) Fax
- (f) E- mail
- (g) Religious affiliation
- (h) Country
- (i) District
- (j) County Sub County
- (l) Name of Father / Guardian / Benefactor:
- (m) Name of mother
- (n) Telephone Contact for Parent / or Next of Kin:
- (o) Telephone contact in case of emergency:

8. Declaration by Applicant

I declare that to the best of my knowledge, the information given above is correct.

Signature of applicant Date

NOTES

1. Students are allowed to apply for two Courses but should indicate 1st and 2nd choice in the box provided against the programme.
2. Cases of Impersonation, Falsification of documents or giving false/incomplete information whenever discovered either at registration or afterwards, will lead to automatic cancellation of admission
3. Attach photo-copies (not originals) of: All Academic documents, Birth Certificates, Identity card of previous school
Endorsed Copy of National Identity Card of parent or Guardian to each application form
4. A receipt/bank slip of thirty thousand nine hundred shillings (32,900=) for payment of application form is to be attached

Tick	CHECK BEFORE SUBMITTING THE FORM
<input type="checkbox"/>	Only 2 choices of course indicated in the box against the preferred programmes.
<input type="checkbox"/>	Most recent passport size photograph attached
<input type="checkbox"/>	An Acknowledgement receipt (Uganda Shillings 32,900) from College Bursar for payment of application fee

Tick	
<input type="checkbox"/>	Photocopy (Not original) of required documents attached:
<input type="checkbox"/>	Academic Documents
<input type="checkbox"/>	Identity Card of Previous School
<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Endorsed copy of National Identity Card for your parent or Gurdian

DECLARATION BY PERSON / ORGANISATION SPONSORING / SUPPORTING APPLICANT

Name:

Relationship with Applicant:

Address in case of need to contact you:

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DECLARATION:

I declare that I have read the information provided by the applicant and to the best of my knowledge, affirm that all is true. I pledge to make myself available whenever required at the College or on behalf of the applicant; I will continue to support and mentor the applicant if admitted for the course.

Name:

Signature:

National Identification Number (NIN):

Attach photocopy of the National Identity Card

Signature: **Date:**