



# UGANDA PENTECOSTAL UNIVERSITY

*Fortis et libre*

## Main Campus Muchwa

P.O. Box 249, Fort Portal – Uganda  
Tel: +256 782 319 447 / +256 752 405 660  
Email: ar@upu.ac.ug  
Email: admission@upu.ac.ug

## KAMPALA CAMPUS

P.O. Box 36036, Kampala – Uganda  
Tel: +256 782 020 719 / +256 752 405 660/  
+256 772883815/+256774255183  
Email: ar@upu.ac.ug; admission@upu.ac.ug

## Application Form

The course leading to

### SECTION ONE: PERSONA DATA:

Surname:

Other Names:

Sex:

Date of Birth:

Place of Birth:

Home District:

Country of Origin

Country of Residence:

Citizenship/ Nationality:

Marital Status:

No. of Children:

Age:

Home Address:

Town:

Village:

**Sub-county:**

**County:**

Telephone:

Next of Kin:

Address:

Telephone:

Fax:

### SECTION TWO: EDUCATION BACKGROUND

University, Secondary Schools and college attended (give names and Date)

DATE	NAME OF SCHOOL/ INSTITUTION	QUALIFICATION

2.2 Position of responsibility held in school (e.g. Perfect, Sports Captain, Monitor etc.)

2.3 Uganda Advanced Certificate of Education (UACE) to its equivalent indicate in space below

UACE SUBJECTS

RESULTS IN EACH SUBJECT

2.4 Uganda Certificate of Education (UCE) or its equivalent; Enter result grades (figures) for UCE in the space below

UCE SUBJECTS

RESULTS IN EACH SUBJECT

2.5 University Mature Age entrance Examination: year

Index No.:

Marks obtained:

Examining University:

(Attach certified copy of results)

2.6 Other post-secondary Education qualification

2.7 If you left school give brief details of employment or course(s) of study undertaken. You may use a separate sheet or paper

### SECTION THREE: SPONSORING BODY

3.1 Name of Sponsor:

Address:

Telephone:

Fax:

E-mail:

**SECTION FOUR: DECLARATION**

4.1 I declare that all information given in this form is correct

Full Names:

Signature:

Date:

**SECTION FIVE: FOR OFFICIAL USE ONLY**

Application Ref:

Faculty /Department:

Course:

Remarks:

Signature:

Designation: