



UGANDA TECHNOLOGY AND MANAGEMENT UNIVERSITY

# UTAMU

Academic Registrar – Admissions Office

Email: [ar@utamu.ac.ug](mailto:ar@utamu.ac.ug) or [admissions@utamu.ac.ug](mailto:admissions@utamu.ac.ug)  
Phone: +256 414 696 888

Web: <http://www.utamu.ac.ug>

## PASSPORT PHOTO

### CATEGORY OF APPLICATION

1. I am applying as: *(Tick all that apply)*
- ❖ National Student
  - ❖ International Student
  - ❖ Advanced Level Certificate Entrant
  - ❖ Degree holder Entrant
  - ❖ Diploma holder Entrant
  - ❖ Credit Transfer Entrant
  - ❖ Mature Age Entrant

### PREVIOUS APPLICATIONS

2. Have you previously been enrolled at UTAMU? Yes No *(Tick one)*  
 a. If Yes, state the year..... and Programme.....

### PERSONAL DETAILS

3. Title (e.g. Ms/Mr/Sr./Fr./Rev./):.....
4. Gender: Male Female *(Tick one)*
5. Surname: .....
6. Other Names: .....
7. Date of Birth:.....
8. Mailing Address (for regular correspondence):.....  
 .....  
 .....
9. Telephone.....
10. Email:.....
11. Alternative Contact: Name.....Relationship.....  
 Telephone:.....E-mail.....

### RESIDENTIAL STATUS (Tick where appropriate)

12. Are you a Ugandan Citizen? Yes No *(If yes, go to Question 17.)*
13. If No to 12, do you have permanent resident status in Uganda? Yes No
14. If Yes to 13, attach a copy of your resident permit
15. Country of Citizenship (if not Uganda):.....
16. Date of first arrival in Uganda:.....

### DISABILITY

17. Do you have a disability? Yes No
18. If Yes to 17, state the support services you may require to enable you undertake your studies smoothly?  
 .....

CHOICE OF DEGREE PROGRAMME			
Preference	Name	Code	Preferred time <i>(Day/Evening/Distance)</i>
1. First			
2. Second			
3. Third			
4. Forth			
5. Fifth			
SECONDARY SCHOOL STUDIES			
19. Advanced Level Certificate (High School): Index Number: .....Year:.....			
Subject Name		Grade	
i.			
ii.			
iii.			
iv.			
v.			
20. Ordinary Level Certificate (Middle School): Index Number:.....Year:.....			
Subject Name		Grade	
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			
DIPLOMA QUALIFICATION <i>(if any)</i>			
Programme Name		CGPA / AVERAGE MARK	

21. Would you like the above qualification to be considered for credit transfer for your application? Yes                      No	
22. Fill and attach a credit transfer application form available on ( <a href="http://www.utamu.ac.ug/credittransferpolicy.html">http://www.utamu.ac.ug/credittransferpolicy.html</a> ) to help in assessing your application.	
<b>OTHER BIOGRAPHIC INFORMATION</b>	
23. Personal Student Information (tick what applies to you)	
a. Marital Status:    Single    Married    Divorced    Other	
b. Religious Affiliation:    Christian    Moslem    Seventh Day Adventist    Others	
c. Permanent Address:	
d. Emergency Address:	
e. Home District:	
24. Parents Information	
<b>Father's/Guardian's Details:</b>	<b>Mother's/ Guardian's Details:</b>
a. Surname:	a. Surname:
b. Other Names:	b. Other Names:
c. Date of Birth:	c. Date of Birth:
d. Village of Birth:	d. Village of Birth:
e. Sub County:	e. Sub County:
f. District of Birth:	f. District of Birth:
g. Nationality:	g. Nationality:
h. Country of Residence:	h. Country of Residence:
i. Address:	i. Address:
j. Telephone:	j. Telephone:
k. E-mail:	k. E-mail:
<b>INFORMED CONSENT, DECLARATION AND SIGNATURES</b>	
<b>Informed Consent</b>	
I understand that:	
❖ Uganda Technology and Management University (UTAMU) is collecting this information for the purpose of assessing my application to join their accredited degree/diploma programme;	
❖ UTAMU reserves the right to disclose this information to the Ugandan National Examination Board, Ministry of Education, National Council for Higher Education and Inter University Council for East Africa for educational purposes;	
❖ UTAMU reserves the right to cancel admission or degree if it discovers the information given was incorrect	
Student's Signature:	Date:

**Declaration**

- ❖ I hereby certify that the information I have provided on this application form is correct and complete.
- ❖ I authorize UTAMU to obtain official records from any educational institution previously attended by me, and acknowledge that UTAMU reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information.
- ❖ If any information is discovered to be untrue or misleading in any respect, I consent to the UTAMU collecting, storing and disclosing this information to the relevant authority.
- ❖ I understand that UTAMU may disclose the personal information I have given in this application to the Uganda National Examination Board, Ministry of Education, National Council for Higher Education and Inter University Council for East Africa for educational purposes.

Student's Signature:

Date:

**Applicant Checklist**

- ❖ Completed all sections applicable to my application;
- ❖ Attached copies of academic documents;
- ❖ Attached certified copies of previous qualifications;
- ❖ Attached other relevant documentary evidence, as required, in support of my application;
- ❖ Signed the Informed Consent;
- ❖ Signed the Declaration.

**FOR UTAMU USE ONLY**

Name of handling Officer:

Signature:

Date:

Student Data entered in Information System by (print name):

Signature:

Date: