

14. POST A-LEVEL EDUCATION

INSTITUTION ATTENDED		QUALIFICATIONS OBTAINED	DATE OBTAINED
Name	Dates		
.....
.....
.....

Attach photocopies of the certificates and transcripts for Post A-Level Qualifications.

15. SPONSORSHIP (IF ANY)

Name of sponsor.....
 Address:.....
 Signature:.....Tel No.....Fax No.....

16. MEDICAL COMMENT FROM MEDICAL PERSONNEL(IF ANY)

Signature and Stamp.....

17. Please indicate how you got to know about St. Lawrence University

A. Television Advert B. Radio Advert. C. News papers D. Magazines E. Exhibition

Student: Specify.....

E. Other Specify:.....

17.Please note that cases of impersonation, falsification of documents by giving false / incomplete information, whenever discovered either in the course of registration or afterwards will lead to automatic CANCELLATION of admission or withdrawal of conferred Qualification and prosecution in the courts of law.

18. DECLARATION

I certify that I have accepted and understood the terms and conditions for St. Lawrence University, to the best of my knowledge: the information given above is true.

SIGNATURE OF APPLICANT.....DATE.....

OFFICIAL USE ONLY

DECISION OF THE ADMISSION COMMITTEE

ADMITTED

ADMITTED TENTATIVELY

NOT ADMITTED

Official Signature and Stamp.....



OFFICE OF THE ACADEMIC REGISTRAR Undergraduate Programmes

Serial No.

APPLICATION FOR ADMISSION TO THE UNIVERSITY

Affix 2 Recent
Passport
Photographs

1. Academic Year.....
2. a) Surname (**Block Letters**).....
(Names should be those that are on all your academic papers)
- b) Other Names (in full).....
- c) Gender: Male Female (**Tick appropriately**)
3. a) Date of birth..... b). Place of Birth.....
4. a) Home District.....Religion.....
- b) Name of Parent/Guardian.....Contact.....
5. a) Citizenship..... b). Country of Residence.....
6. a) Marital Status..... b). No. of Children.....
(if Yes) Spouse Name.....
Spouse Occupation..... Contact.....
7. Next of kin.....
Relationship with next of kin.....Contact.....
8. Permanent address.....
Tel No.....Email:.....
9. Contact Address (**If different from 7 above**).....
10. Course applied for in letter codes shown in the appendix. (**Find codes on the list of courses**)

1 st Choice	2 nd Choice	3 rd Choice	4 th Choice	5 th Choice	6 st Choice
D/E/W	D/E/W	D/E/W	D/E/W	D/E/W	D/E/W

11. a) Proposed Subject combination, where applicable (**Education only**)

Only possible Subject Combination Should be Indicated

1 st Choice 2 Subjects	2 nd Choice of 2 Subjects

12. Ugandan Certificate of education or its equivalent
 - a) Index No..... b). Name of School.....
 - c) Year of examination.....Distinctions.....d). Credits..... e). Passes.....
13. Uganda Advanced Certificate of Education or its equivalent **Index No**.....**Year of Exam**.....

Subject	Grade
1.
2.
3.
4.
5.

APPLICATION FORM