

APPLICATION FOR ADMISSION  
TO UNDERGRADUATE  
PROGRAMMES/COURSES

**UNIVERSITY OF SAINT JOSEPH  
MBARARA (USJM)  
P. O. BOX 218, MBARARA**

Received on: \_\_\_\_\_

\_\_\_\_\_

It is essential that you complete all relevant sections of this form. This will ensure efficient processing of your application. Complete the form in **BLUE** or **BLACK** ink. Please use **CAPITAL** letters.

**1. PERSONAL DETAILS**

**Surname/Family name:** (as on Birth Certificate/passport/National ID)

**First/Given names:** .....

**Title:** ..... **Sex:** Female  Male   
(Mr./Mrs./Miss/Ms./Rev.)

**Date of Birth:** ..... **Country of Birth:** .....  
(DD-MM-YYYY)

**Country of Residence:** ..... **Village/LC I:** .....

**District:** ..... **Nationality:** .....

*Religious Affiliation (for Christians attach a copy of your Baptism card)*

**How did you get to know of USJM? (Tick what is appropriate)**

Church Announcements **or** Radio Announcements **or** TV Advert **or** Newspaper Advert **or** through a Friend.

Please attach a recent  
Passport photograph

**2. ADDRESS**

**Correspondence Address**

Postal Address: .....

City/Town: .....

Postcode: .....  
(Where available)

Country: .....

Cell phone: .....

Email: .....

**Address of Parents/Guardians**

Father's Names/Guardian's: .....

Mother's Names: .....

Village/Town: .....

District: ..... Country: .....

Cell phone: .....

Email: .....

The completed form and all supporting documents should be sent or delivered to:

**The Academic Registrar**

University of Saint Joseph Mbarara (USJM)  
P. O. Box 218, Mbarara, Uganda  
**Tel:** +256772065669 +256705706680 +256 (0)393 224635  
**E-mail:** ar@usj.ac.ug  
**Website:** www.usj.ac.ug

FOR REGISTRY OFFICIAL USE		
University Decision		
Application Number		
Programme/Course		

### 3. PREVIOUS EDUCATION QUALIFICATIONS

#### 3.1 ADVANCED LEVEL EXAMINATION

UGANDA ADVANCED CERTIFICATE OF EDUCATION (UACE) OR EQUIVALENT (*Certified photocopies of results and certificates must be attached to this application form*)

Examining Authority/Body:.....

Name and address of School:.....

Year of Examination: ..... Index Number:.....

Subjects Indicate whether Principal (P) or Subsidiary (S)	Results/Grade						Overall Grade
	Papers						
	1	2	3	4	5	6	

#### 3.2 ORDINARY LEVEL EXAMINATION

UGANDA CERTIFICATE OF EDUCATION (UCE) OR EQUIVALENT (*Certified photocopies of results and certificates must be attached to this application form*).

Examining Authority/Body:.....

Name and address of School:.....

Year of Examination: ..... Index Number:.....

Subjects Provide Grade/Marks (not pass, credit, distinction) If a subject is not listed, include it in the spaces provided.					
Subject	Grade	Subject	Grade	Subject	Grade
ACCOUNTS		ENGLISH LITERATURE		MUSIC	
AGRICULTURE		FINE ART		PHYSICS	
BIOLOGY		FRENCH		RELIGIOUS EDUCATION	
CHEMISTRY		GEOGRAPHY		TECHNICAL DRAWING	
COMMERCE		HISTORY		KISWAHILI	
ENGLISH LANGUAGE		MATHEMATICS		HOME ECONOMICS	

#### 3.3 ANY OTHER ACADEMIC QUALIFICATIONS

Certified photocopies of results and certificates must be attached to this application form.

University / Institute / College (include address and country)	Qualifications Obtained (and class of qualification) (if any)	Date Obtained	Full-Time / Part Time / Distance

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## 4. EMPLOYMENT AND PROFESSIONAL QUALIFICATIONS

### 4.1 EMPLOYMENT INFORMATION

Employer (include address and country)	Position and Work Carried Out	Dates	
		From	To

### 4.2 PROFESSIONAL QUALIFICATIONS

Details of any professional qualifications held (if any).

Qualification	Date Obtained

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## 5. PERSONAL STATEMENT

Please provide a short statement indicating why you wish to undertake this programme/course (your first preference).

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## 6. SPONSORSHIP [The person or organization paying your fees]

Names of Sponsor: .....

Occupation..... Telephone Contacts: .....

Address: ..... Email address:.....

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## 7. SPECIAL NEEDS SECTION

University of Saint Joseph Mbarara is an equal opportunities institution which would like to facilitate access to university education in as far as it can. For this reason, we ask applicants to give us information to help us decide on what might be required to facilitate their learning. In particular we encourage candidates who have special educational needs to apply.

**1. Please truthfully and accurately complete the section below to reflect your condition with regard to Special Needs Education. Please tick from the options below what best describes your special needs:**

- You have a learning difficulty (dyslexia, autism, Attention Deficit Disorder, other)
- You have a hearing impairment  You are visually impaired or partially sighted
- You have low vision  You are physically challenged (have mobility difficulties)
- You have a medical condition (epilepsy, sickle cell anemia, other)
- You have a special need not listed above (please explain)

**2. Does your special needs situation mean that you require additional support and facilitation arrangements from the university?**

Yes  No

If yes, please describe in detail the support arrangements that you require below, and you will be contacted to discuss, assess, and determine the appropriate support and facilitation you need.

**3. Please provide supporting documentation from a doctor, specialist and/or your former school, to better assist in the assessment of your special needs and the corresponding facilitation.**

**8. PROGRAMMES/COURSES AVAILABLE:** Please indicate your programme/course beginning with **1** as your best choice. You may select up to three (3) programmes/courses. Complete the form in **BLUE** or **BLACK** ink.

<input type="checkbox"/> <b>Bachelor of Business Administration and Management (BBA)</b> <input type="checkbox"/> Three years full time <input type="checkbox"/> Three years weekend  <i>N.B: Holders of relevant Diplomas may be allowed to undertake BBA programme for two years.</i>	<input type="checkbox"/> <b>Bachelor of Arts in Ethics and Development Studies (BAEDS)</b>  <input type="checkbox"/> Three years full time <input type="checkbox"/> Three years weekend	<input type="checkbox"/> <b>Bachelor of Arts with Education Secondary (BAES)</b> <i>Indicate subject combination below.</i> .....and.....  <input type="checkbox"/> Three years full time ONLY
<input type="checkbox"/> <b>Bachelor of Counseling (BOC)</b> <input type="checkbox"/> Three years full time <input type="checkbox"/> Three years weekend	<input type="checkbox"/> <b>Bachelor of Science with Education Secondary (BSES)</b> <i>Indicate subject combination below.(Major/Minor)</i> 1. Mathematics and Geography 2. Mathematics and Economics 3. Mathematics and Computer Studies <input type="checkbox"/> Three years full time ONLY	
<input type="checkbox"/> <b>Bachelor of Office Management and Secretarial Studies (BOMS)</b> <input type="checkbox"/> Three years full time <input type="checkbox"/> Three years weekend	<input type="checkbox"/> <b>Bachelor of Public Administrative Science and Management (BPASM)</b> <input type="checkbox"/> Three years full time <input type="checkbox"/> Three years weekend	<input type="checkbox"/> <b>Bachelor Education –Primary (BEP)</b> 2 years In-service/Recess <i>Indicate subject combination below</i> .....and.....
<input type="checkbox"/> <b>Bachelor of Science in Information Technology (BIT)</b> <input type="checkbox"/> Three years full time <input type="checkbox"/> Three years weekend		
<input type="checkbox"/> <b>Bachelor of Human Resource Management (BHRM)</b> <input type="checkbox"/> Three years full time <input type="checkbox"/> Three years weekend	<input type="checkbox"/> <b>Bachelor of Mass Communication and Journalism (BMCJ)</b> <input type="checkbox"/> Three years full time <input type="checkbox"/> Three years weekend	<input type="checkbox"/> <b>Bachelor of Science in Business Computing (BSc.BC)</b> <input type="checkbox"/> Three years full time <input type="checkbox"/> Three years weekend
<input type="checkbox"/> <b>Bachelor of Information Systems (BIS)</b> <input type="checkbox"/> Three years full time <input type="checkbox"/> Three years weekend	<input type="checkbox"/> <b>Bachelor of Science in Procurement and Logistics (BSc.PL)</b> <input type="checkbox"/> Three years full time <input type="checkbox"/> Three years weekend	<input type="checkbox"/> <b>Bachelor of Social Work and Societal Transformation (BSWST)</b> <input type="checkbox"/> Three years full time <input type="checkbox"/> Three years weekend
<input type="checkbox"/> <b>Bachelor of Institutional Governance and Leadership (BIGL)</b> <input type="checkbox"/> Three years full time <input type="checkbox"/> Three years weekend	<input type="checkbox"/> <b>Bachelor of Science in Accounting and Finance (BSc.AF)</b> <input type="checkbox"/> Three years full time <input type="checkbox"/> Three years weekend	

<input type="checkbox"/> <b>Diploma in Business Administration Management (DBAM)</b> <input type="checkbox"/> Two years full time <input type="checkbox"/> Two years weekend	<input type="checkbox"/> <b>Diploma in Education - Primary (DEP)</b> <i>2 years In-service/Recess</i> <i>Indicate Subject Combination: .....</i> and <i>.....</i>	
<input type="checkbox"/> <b>Diploma in Development Studies (DDS)</b> <input type="checkbox"/> Two years full-time <input type="checkbox"/> Two years weekend	<input type="checkbox"/> <b>Diploma in Computer Science (DCS)</b> <input type="checkbox"/> Two years full-time <input type="checkbox"/> Two years weekend	

**9. APPLICATION FEE PAYMENT (must be banked) kindly attach the evidence.**

I have paid the application fee (amount) .....

Bank paid in..... Branch: .....

Payment slip/Receipt No. .... Date.....

**10. DECLARATION**

I confirm that the information given on this form is to the best of my knowledge true, correct and accurate.

Signature of Applicant:.....

Date: .....