

Attach a recent passport sized photograph here

PO Box 35138 Kampala Uganda Tel: 0701 598347 / 0782 598347 Email: admissions@africarenewaluniversity.org Website: www.afru.ac.ug

STUDENT APPLICATION FORM

NAME OF APPLICANT:	 	

The application form should be submitted once all sections have been comple

The application form should be submitted once all sections have been completed with the accompanying documents attached. Completed applications should be returned to the Office of the Academic Registrar.

INSTRUCTIONS

INTAKES

January & August/September Intakes

WHAT TO SEND TO THE REGISTRAR:

- 1) A signed and completed application form with a non-refundable application fee of 30,000 UGX.
- 2) Official copies of all secondary, post-secondary, college and university certificates *
 - * Students from non-English-speaking countries need to send translated and certified documents of their academic records
- 3) 10 recent passport size photographs with your full names printed on the reverse side of the photographs
- 4) Foreign students only: a copy of your passport or valid travel documents

PROGRAMMES AVAILABLE

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Bachelor of Community Health
Bachelor of Business Administration
Bachelor of Journalism and Multimedia Communication
Bachelor of Social Work and Social Administration
Bachelor of Arts in Child Development
Bachelor of Arts in Community Development
Bachelor of Arts in Theology
Bachelor of Arts in Disability Studies and Special Education
Diploma in Computer and Information Technology
Diploma in Child Development
Diploma in Biblical Studies
Diploma in Business Administration
Diploma in Journalism and Multimedia Communication
Diploma in Education and Early Childhood Develoment
Certificate in Education and Early Childhood Develoment
Certificate in Computer and Information Technology

FOR OFFICIAL USE ONLY

Date Received:
Qualifications:
Admission Status:
Programme:
Student Number:
Checked by:

APPLICATION PROCEDURE

- 1. Before completion, read all of the forms and any accompanying letter and information.
- 2. Please type all information or write clearly in CAPITAL LETTERS.
- 3. Send all completed forms with 30,000 UGX non-refundable application fee to the Office of the Academic Registrar, Africa Renewal University.

SECTION A

PERSONAL INFORMATION

Name in Full:			
	Surname	Christian/Given Name	Middle Name
Sex: [] Male	[] Female		
Current Postal A	Address:		
Telephone:			
Email Address:			
Date of Birth: _			
Age:			
Nationality:			
Home District:			
Marital Status:	[] Single [] Married	d [] Divorced [] Wido	wed
Next of Kin / Em	nergency Contact:		
Passport No / ID):		
Denomination (F	Pentecostal, COU, Bapti	st, etc):	
Local Church cu	rrently attending: ——		
Name of Second	dary School/ Higher Edu	cation Qualification	Year Completed
			_
		-	
			_

Please enclose photocopies of your academic qualifications including transcripts of courses covered and grades achieved.

SECTION B

1. PROGRAMME APPLIED FOR IN ORDER OF PREFERENCE
1 st Choice:
2 nd Choice:
3 rd Choice:
4 th Choice:
2. AGREEMENT BY THE APPLICANT
I believe that God is leading me to apply for admission to Africa Renewal University.
I understand that among the conditions for admission is the commitment to abide by the rules and regulations of the University.
I confirm that the information given on this form is to the best of my knowledge true, correct and accurate.
SIGNATURE : DATE :

PRINT NAME:....

SECTION C

TO BE COMPLETED BY REFEREE

Name of Referee (PRINT):					
City / Town: Cou	untry: Telephone:				
Church:	Your Position:				
Signature:					
Applicants for the academic programs offered by Africa Renewal University are considered on the basis of their evident leadership ability that will enable them to utilize Africa Renewal University training effectively. Please complete this form carefully and honestly and return directly to the Academic Registrar's Office, Africa Renewal University.					
 How long have you known the app] Less than a year] 1-5 Years 	olicant? [] 6-10 Years [] More than 10 Years				
2. How well do you know him/her?[] Just by name and sight[] Fairly well, have had a number[] Very well, have a close relation					
[] Very irregular in attend [] Regular in attendance,	gaged in the activities of your church /community? lance, little interest in activities , but seldom participates in activities lally willing to help in church activities ed in church activities				
4. How does he/she relate to others?[] Outgoing[] Keeps to himself					
	ies? (Check all that applies) ell [] Artistic [] Public speaker [] Good in counseling and interpersonal relationships				
6. In your opinion, does the applican	t possess outstanding abilities or talents? Please describe:				
immoral practices? YES / NO	licant smoke, drink, use habit forming drugs or participate in any				
admission to Africa Renewal Univ	that you would consider helpful in our considering this applicant for versity. These might concern such topics as loyalty to the church, hers, emotional stability and ability to work with others.				
9. Based on the knowledge of the applicant, will you recommend that we accept him/her for a course					
at Africa Renewal University?					
10. Any other comments?					

SECTION D

EQUAL OPPORTUNITY

Please indicate any medical condition you curriculum or the teaching environment.	may have that may require adjust	ments to be	made to the			
None						
Dyslexia						
Deaf/hearing impaired						
Wheelchair user / mobility difficulties						
Unseen disability e.g. diabetes, epilepsy						
Blind/partially sighted						
Other						
EMPLOYMENT AND PROF	ESSIONAL QUALIFICATIONS					
Employer	Position and Work Carried O	ut Dates				
(include address and country)		From	l To			
PROFESSIONAL QUALIFICATIONS Details of any professional qualifications held if any.						
Qualification		Date obtain	ed			