



# BISHOP STUART UNIVERSITY

CHARTERED BY THE GOVERNMENT OF THE REPUBLIC OF UGANDA

Our God Reigns

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Paste your recent passport size photograph

## OFFICE OF THE ACADEMIC REGISTRAR

### APPLICATION FOR ADMISSION TO POSTGRADUATE PROGRAMMES.....YEAR

**NOTE:** Transcript copies of Secondary School Ordinary level and Advanced level results slips/certificates and other relevant qualifications, valid identification documents and birth certificate should be attached to this form. Foreign students should attached their immigration facilities and identity cards.

All academic records in a language other than English must be accompanied by a certified English translation. At registration, originals shall be required.

All successful applicants shall be required to pay Tuition fees deposit (commitment fees) of at least 100,000 /= at the time of collecting admission letters.

Application fees can be banked on Stanbic Bank Account No. 9030005753057, Post Bank Account No. 1632101000223, Barclays Bank Account No. 6004408576, DFCU Bank account No. 01123500212645

#### 1. SECTION ONE: CHOICES:

1.1 Choice of Programme:.....

1.2 choice of Intake: January:  August:  May:

#### 2. SECTION TWO: PERSONAL INFORMATION

2.1 Name (Surname, all forenames).....

2.2 Tittle: (Mr. Mrs. Ms. Miss, Rev. Dr. Prof.)..... Gender: Male  Female

2.3 Date of Birth: dd.....mm.....yyy.....

2.4 Marital status: Married , Single

2.5 Nationality:.....Country of Residence:.....

2.6 Home or Postal Address.....

2.7 Home District.....

2.8 Home Diocese:.....

2.9 Religious Affiliation:.....denomination (if Christian ).....

2.91 Telephone Contact (include country code).....

2.92 Email Address.....

**3. SECTION THREE: DISABILITY**

Do you have any disability? Yes  No

Chronic Illness

Physical Disability

Impairment (Hearing, Speaking, Seeing, etc)

Others; briefly state the nature of

disability.....

**4. SECTION FOUR: REFEREES**

**4.1 Name and contacts of your 2 Academic Referees** *(the attached referee forms must be filled by your referees)*

	Referee 1	Referee 2
Name		
Postal Address		
Phone Contact		
Email Address		

**5. SECTION FIVE: PARENTS/FUNDERS/SPOUSE/OTHER NEXT OF KIN**

	Name	Postal Address	Phone Contact	Email Address
Father				
Mother				
Spouse				
Funder/Sponsor				
Other next of kin				

**6. SECTION SIX: EMPLOYMENT HISTORY**

Name of employer	Designation	Years of work

**7. SECTION SEVEN: ACADEMIC EDUCATION BACKGROUND**

**7.1 Please state the Schools, Colleges and Universities attended** *(Give names dates, qualifications and grades and attach copies of each)*

Name of education institution	Qualification attained	Grades/Class/GPA

**7.2 Please state your research publications so far made and professional memberships (if any).....**

.....  
.....

**8. SECTION EIGHT: PROPOSED TITLE FOR THE DISSERTATION/RESEARCH PAPER**

*(Please use the space below to state the Title of your proposed graduate research study)*

**9. SECTION NINE: BUSHOP STUART UNIVERSITY ADMISSIONS SURVEY**

How did you get to know about Bishop Stuart University (BSU)? Please check the options provided below.

- a.  University website/social media/search engine eg Google
- b.  Media (TV, Radio, Newspapers etc). If yes, please state the TV/Radio/Newspaper.....
- c.  Bishop Stuart University student
- d.  My parents/Relative/sponsor
- c.  Exhibitions/ my former school/college
- e.  Church/Mission/conference
- d.  Others (specify) .....

**10. SECTION TEN: ACCOMMODATION:**

The university does not provide accommodation for students. There are many private hostels which can you will access at affordable fees.

**11. SECTION ELEVEN: COMMITMENT FEES:**

Applicants admitted will be required to pay a commitment fee of Shs. 100.000/= at the time of picking the admission letters which will be part of tuition fees.

**12. SECTION TWELVE: DECLARATION**

I declare that all the information given in this application form is true and correct to the best of my Knowledge.

Name of applicants.....

Signature of the applicant.....Date.....

**13. FOR OFFICIAL USE ONLY**

**13.1. RECOMMENDATIONS**

Name of the Recommender:.....

Course:.....

Minute No..... Date: .....

**Research supervisor(s) assigned to the student (for PhD applicant)**

Name.....

Phone Contact.....

**Recommendation by the Faculty:**

Name of the Recommender at the Faculty:.....

Course .....

Minute No.....Date: .....