MAKERERE UNIVERSITY

P.O. Box 7062 Kampala, Uganda   TEL: 256-414-531423

Website: http://www.cedat.mak.ac.ug

COLLEGE OF ENGINEERING, DESIGN, ART AND TECHNOLOGY

(CEDAT)

APPLICATION FORM TO ATTEND A SHORT COURSE AT CEDAT
PERIOD ………….

COURSE NAME: …………………………………………………………………………………………..

Note: This form must be submitted with evidence of:
  i) *Payment of the Application fee of UGX 20,000 with a bank slip*
  ii) *Copies of degree certificates*

PART 1

To be completed in CAPITALS by the Applicant.

ALL NAMES MUST BE WRITTEN IN FULL AS ON ANY OTHER ACADEMIC DOCUMENTS

1 (a)   Surname (in full)…………………………………………………………………………………………

  (b)   Other names (in full), **no initials** ……………………………………………………………..

  (c)   Gender: (Tick), Male ☐   Female ☐

PART II

2.   Other Personal Information

   (a) Permanent Address ………………………………………………………………………………….

   (b) Telephone No………………………………………………………………………………………..

   (c) Emergency contact Address, if different from (b) above ……………………………………

     ……..

3.   Information on Disability. Disabled candidates must attach medical report from hospital.

   a)   Disabled: Yes/No

   b)   Nature of disability: (Tick)   Deaf, Blind, Physical disability, Albinism, Sickle
         Cells, Asthma. Other …………………………….

4. Degree qualifications attained. This course is designed for degree holders.

   (Attach copies of academic documents).

   Qualification ……………………………………………………….. Year …………………………

   Qualification ……………………………………………………….. Year …………………………

5. Employment Record:

   Give brief details of employment record. You may use an additional separate sheet of paper.

EMPLOYER	POST(S) HELD	DATE(S)

6. Give 2 names of persons in responsible positions from whom confidential information about you may be obtained if necessary.

   i) Name……………………………………………..

   Address……………………………………………..

   E-mail: …………………………………………….

   Telephone Number …………………………….

   ii) Name …………………………………………….

   Address……………………………………………..

   E-mail: ……………………………………………

   Telephone Number…………………………….

7. Indicate which intake (MONTH) you are applying to: ………………………………………

8. It should be NOTED by all applicants that cases of impersonation, falsification of Documents or giving false/incomplete information whenever discovered, either at Registration or afterwards, will lead to automatic CANCELLATION of Admission and prosecution in the Uganda Courts of Law.

9. Declaration by the applicant:
   I have noted and understood the implication of giving incomplete/incorrect information.

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

   Signature of the Applicant ………………………………………   Date………………………………………