

UNDERGRADUATE PROGRAMMES APPLICATION FORM ACADEMIC YEAR 2017/18

Reference number (generated from UR-MIS).....

INSTRUCTIONS:

- 1. Read the application form carefully before filling any information. Give detailed information.
- 2. This form can be completed electronically or by hand. Please write clearly and in CAPITAL/BLOCKS LETTERS.
- 3. The Completed application form must be returned with Bank Slip of **non refundable** application fees of RWF 5000 for Nationals and East African Applicants and RWF 6000 for International Applicants and to be paid in Bank of Kigali (BK) on Account № 00094-0637830-21/Rwf UR- Internal Revenues.
- 4. Attach certified copies of your Senior Six (S6) certificate and transcripts of your last year of Advanced General Certificate of Secondary Education, photocopy of your National ID card or valid passport. Applicants who did not complete their secondary education in Rwanda must present the equivalency of their results as issued by the Rwanda Education Board (REB). The University of Rwanda (UR) reserves the right to verify the provided information as well as results from REB and WDA databases.
- 5. Your application will not be considered unless this form is completed in full and all the required documents are attached.
- 6. The completed application can be physically delivered to the Office of the Registrar of the College of the candidate's first choice or emailed to the following address: admissions@ur.ac.rw

Section A: Personal details:

(Please give your name as it appears in your national ID or passport. It is essential that the University is notified of any change of contact details at the earliest opportunity)

1. Surname/Family name:				
2. First name:				
3. Other name (s):				
4. Date of birth (Day/Month/Year):	:			
5. Gender: Male Femal	e			
6. Nationality:				
7. National ID Card/Passport number	er:			
8. Marital status: Single: Ma	arried: Widowed:			
	next kin:			
Tel.:				
	1 el			
Section B: Contact details:				
Permanent (Home) address:	Work postal address:			
Province:	Province:			
District:	District:			
Sector: Sector:				
Cell:				
Post code:	Post code:			
Tel. No:	Tel. No:			
Mobile phone:	Mobile phone:			
Email:	Email:			

Section C: Academic programmes applied for:

(Please indicate the name of College, programme and mode of attendance by which you wish to study. It is advisable to take into consideration the College minimum entry requirements. Refer to the Application Guide document available on the UR website: http://www.ur.ac.rw)

FIRST CHOICE

	1. College:	
	2. Academic Programme:	=
	3. Campus:	
	4. Mode of study: Day time	
	Evening time	
		_
(In	case your first choice is not successful, indicate your preference for the second choice)	
	SECOND CHOICE	_
	1. College:	
	2. Academic Programme:	
	3. Campus:	
	4. Mode of study: Day time	
	Evening time	

(In case your second choice is not successful, indicate your preference for the third choice)

THIRD CHOICE

1.	College :
2.	Academic Programme:
3.	Campus :
4.	Mode of study :
	Day time Evening time
(In case you	r first third choice is not successful, indicate your preference for the fourth choice) FOURTH CHOICE
1.	College :
2.	Academic Programme:
3.	Campus :
4.	Mode of study :
	Day time Evening time
	Evening time

(In case your first fourth choice is not successful, indicate your preference for the fifth choice)

	FIFTH CHOICE	
1. College :		
2. Academic Programme:		
3. Campus:		
4. Mode of study:		
	Day t	ime
	Even	ing time

Section D: Previous education:

(Please provide details, including results of Secondary education (A-level) or professional qualifications you have obtained, starting with the most recent; and attach copies of certificates and transcripts wherever possible)

Name and address of School/College:					
Period (aca From	demic year) To	Qualification & Combination	Main subjects (Courses)	Grade obtained in	Examination Authority/Board
110111	10	dombination	(dourses)	each subject	(REB/WDA/RNEC)

Section F: Professional experience (If any):

Organization	Period		Position	Nature of job
	From	То		

Section G: Declaration:

All decisions by University of Rwanda are taken in good faith on the basis of the information the applicant provides. In case of false statement(s) and/or document(s), the University of Rwanda reserves the right to take appropriate action.

By signing this application form, the applicant declares that particulars furnished above are correct to the best of his/her knowledge.

Applicant Name:	
Applicant Name.	

Date: /	/ Cignotuno	
Date: /	/ : Signature:	

FOR OFFICIAL USE ONLY

ACTION	REMARKS
Applicant admitted (specify program)	
Applicant admitted conditionally (state conditions)	
Applicant rejected (state the reason)	
Name and Signature College Registrar	
Date	