



**FINAL YEAR STUDENTS INFECTIOUS DISEASES MANAGEMENT TRAINING  
APPLICATION FORM**

Names of Applicant:	
Contact Phone Number:	
Email address:	
Name of University:	
Name of College:	
School:	
Department:	
Campus: (Busogo, Huye, Nyagatare, Remera, Rwamagana, Gikondo, UGHE and Rusizi)	
Registered SOHIC member: YES/NO	
Why do you want to be part of this activity (maximum 100 words)?  <p align="center">(Put in separate sheet)</p>	
Personal interest and motivation (in 300 words) to promote one health approach  <p align="center">(Put in separate sheet)</p>	

NB: Submit your application to the following :( UR and UGHE)

E-mail: [aatuhire@gmail.com](mailto:aatuhire@gmail.com)

**COPY TO:** SOHIC Campus Coordinators/Mentors:

Nyagatare: [muneolivier87@gmail.com](mailto:muneolivier87@gmail.com)

Huye: [cesarineniyiturinze@gmail.com](mailto:cesarineniyiturinze@gmail.com)

Rwamagana: [niyonkurugode5@gmail.com](mailto:niyonkurugode5@gmail.com)

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