

MAKERERE



UNIVERSITY

P.O. Box 7062 Kampala, Uganda
Cables "MAKUNIKA"
Website: <http://www.mak.ac.ug>

Tel: +256 414 520 983
Fax: +256 414 533 809
Email: drgt@rgt.mak.ac.ug

DIRECTORATE OF RESEARCH AND GRADUATE TRAINING

APPLICATION FOR ADMISSION TO A GRADUATE PROGRAMME

TWO copies of this form should be completed by the applicant and returned to the Directorate of Research and Graduate Training, Senate Building, P.O. Box 7062, Kampala-Uganda with original **Application fee receipt** or **Bank slip attached**

TO BE COMPLETED BY THE APPLICANT FOR ACADEMIC YEAR

Type or Print in Block letters:

Names must be those that appear on applicants previous academic documents.

1. Degree / Diploma Programme applied or (e.g. MBA or PGDE)
2. Surname..... Other Names
3. Gender: Male Female
4. Marital status..... District of Origin..... Citizenship.....
5. Date of Birth..... Country of Permanent Residence.....
6. Postal Address..... Tel No.....
Fax..... Email.....
7. Secondary schools and colleges attended

i) O Level	Index No.	Date of attendance
Name of Institutionto.....
ii) A Level	Index No.	Date of attendance
Name of Institutionto.....
iii) College (where applicable)	Index No.	Date of attendance
Name of the Collegeto.....
8. First Degree qualifications:
 - i) Degree or equivalent
 - ii) Class / Division (Where applicable)
 - iii) Awarding University/Institution.....
 - iv) Date of Award.....
9. Other qualifications (Indicate dates and / Fax attach copies of certificates).....
.....
10. Research and teaching experience.....
.....

11. Relevant publications (where applicable).....
.....
.....
12. Employment record (use separate sheet if necessary)
.....
.....
13. Proposed field of study, i.e subject area (e.g Financial Management option).
.....
.....
14. Provisional title of dissertation/thesis (where applicable)
.....
.....
15. Have you ever attempted the programme you are applying for?
YES/NO (deleted as applicable)
If Yes, give reasons for not completing or taking the programme
.....
.....
16. Name and addresses of **three** referees who are familiar with your academic ability and performance:
i) Name and Address.....
.....
ii) Name and Address.....
.....
iii) Name and Address.....
.....
17. Name and Address of sponsor.....
.....
18. Declaration by applicant:
I declare that to the best of my knowledge, the information given above is correct
Signature of applicant.....Date.....

Notes:

1. No student is allowed to register for more than one University Programme at the same time.
Breach of this regulation leads to automatic cancellation of admission to the University.
2. 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.
3. Degree Transcripts and Certificates should be certified and submitted in **Duplicate. Do not photocopy what has been certified.**
4. **Copies (not originals) of other Academic Documents should be attached to each of the application form.**
5. Applicants should submit sealed referee letters together with application forms directly to the Directorate of Research and Graduate Training, Makerere University. The university does not request for referees' reports on behalf of applicants.
6. **For international applicants only:**
Candidates whose first language is **not English** or did not go through an Education System with English as the medium of instruction, will be required to prove that they have sufficient command of the English language to cope with postgraduate studies

MAKERERE

P.O. Box 7062 Kampala, Uganda
Cables "MAKUNIKA"
Website: <http://www.mak.ac.ug>



UNIVERSITY

Tel: +256 414 530983
Fax: +256 414 533809
Email: drgt@rgt.mak.ac.ug

DIRECTORATE OF RESEARCH AND GRADUATE TRAINING

REFEREE'S LETTER OF RECOMMENDATION FOR ADMISSION TO A GRADUATE PROGRAMME

The person named below is applying for admission to a postgraduate programme at this university and has been asked to pass a copy of this form to each academic referee. I should be most grateful if you would be kind enough to send the form duly completed.

Kindly return the form not later than and please, accept my thanks in advance for your co-operation.

SECTION A: (To be filled by the Applicant)

Full name of Applicant

Programme applied for

Name of Referee

SECTION B: (To be filled by the Referee)

Please Write candidly about the applicant. You may use the other side of this form or attach a letter to this form. Indicate how long and in what capacity you have known the applicant. Comment on the applicant's qualifications and potential for advanced study in the field specified as well as his/ her promise of professional success. In describing such attributes as such motivation, intellect and maturity, comment on both the strong and weak points.

1. I have known the applicant for a period ofyears

2..... He/ She was/is.....
..... (Form of acquaintance)

3. In my opinion the applicant's qualifications and potential for advaced study in the specified field is:
(tick as applicable)

- Excellent
- Very good
- Good
- Fair
- Poor

4. How do you rate the candidate on the following attributes ? (tick as applicable)

Attributes	Below 50%	50-59%	60-79%	80 & Above
a) Maturity	_____	_____	_____	_____
b) Academic Ability	_____	_____	_____	_____
c) Intellectual Potential	_____	_____	_____	_____
d) Creativity and Originality	_____	_____	_____	_____
e) Motivation for Graduate study	_____	_____	_____	_____
f) Writing skills	_____	_____	_____	_____
g) Inter-personal relations	_____	_____	_____	_____

5. Do you recommend this applicant? (Tick as applicable)

Highly recommend Recommend Recommend with reservation
 Do not recommend

Briefly explain why

6. Name

7. Address

..... Tel No: Fax No:

8. Position

9. Signature Date.....

Please use the space below for additional information, if any, Which you believe would be helpful in assessing the candidates application for graduate study.

.....

