



AFRICAN COLLEGE OF COMMERCE

P. O. BOX 301, KABALE - UGANDA

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Applying through

Application No.

APPLICATION FOR A STUDY VACANCY

Date

Name of Applicant

Date of Birth dd mm yy, Gender,

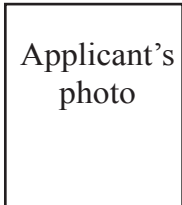
Village Parish Sub-County.....

County, District

Country Nationality

P. O. Box Town Home Telephone

Personal Telephone



Education Level completed: (Attach copies of the academic documents of the levels completed)

1. P.L.E. at School and obtained the following results (mention subject and grade)

1..... 2.....

3..... 4.....

2. O'level at School

P.O. Box Phone..... Town..... and obtained the following results (mention subject and grade)

1..... 2..... 3.....

4..... 5..... 6.....

7..... 8..... 9.....

3. A' level at school

P.O. Box Phone..... Town..... Obtained the following results scored as follows (mention subjects and grade)

1..... 2..... 3.....

4..... 5.....

4. Additional Education if any

Programme Applied for 1st Choice

2nd Choice

3rd Choice

Choose a programme from the lists of the programmes in our brochure. However, change of programme is acceptable at the beginning of the semester. Students applying for programmes offered by Makerere University Business School have another form to fill in addition to this one.

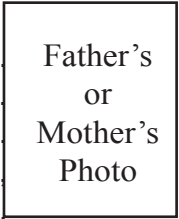
What mode of training do you like to join: Full time Weekend Distance

Note that full time training is suitable for Senior four and six leavers, weekend training is suitable for the working class living in a distance not exceeding 50 Kilometer, while distance learning is suitable for the working class living in a distance beyond 50 kilometres.

Are you employed? Yes No If yes, name of the organisation you work for

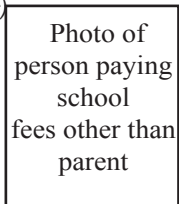
.....
Location: Village.....Parish.....Sub-County.....
County.....District.....Country.....
P. O. Box.....Town.....Phone.....
Name of the head of the organisation.....Phone.....
Employed people have to attach a recommendation from the employer

Name of your father or mother.....
Village.....Parish.....Sub-County.....
County.....District.....
Country.....Nationality.....
P. O. Box.....Town.....Telephone.....



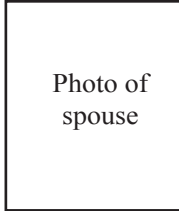
What job does your father or mother do ?.....
(the mother applies here only when the father is no longer on this planet or under other special circumstances)

Name of person/organisation that will pay your fees.....
Village.....Parish.....Sub-County.....
County.....District.....
Country.....Nationality.....
P. O. Box.....Town.....Telephone.....
What job does he/she do ?.....



IN CASE OF EMERGENCY, CONTACT MR/MRS.....
Village.....Parish.....Sub-County.....
County.....District.....
Country.....Nationality.....
P. O. Box.....Town.....Telephone.....

Are you married? Yes No If yes, state the name of the partner
.....
Village.....Parish.....Sub-County.....
County.....District.....
Country.....Nationality.....
P. O. Box.....Town.....Telephone.....



What is his/her current employment.....
(Married Students should attach photographs of their partners)

Do you wish to be a resident in the college hostel? Yes No If no, state reasons why you have to reside outside the college hostel.....

What are the names of the person with whom you will stay?.....
Village.....Parish.....Sub-County.....
County.....Nationality.....
P. O. Box.....Town.....Telephone.....
What relationship do you have with this person?.....

How did you know about African College of Commerce and what inspired you to join?
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I certify that the information I have given above is true and correct. If admitted, I promise to preserve myself as a good student and to obey the College regulations that will be in force throughout my time at the College. Application verified and accepted/not accepted.

.....
Applicant's Signature

.....
Academic Registrar