

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 N^o 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 emailed to the following address: admissions@ur.ac.rw or delivered to the Office of the Registrar of the College of the candidate's first choice.
7. Closing date of applications is Monday, **22nd May 2017.**
8. The list of admitted applicants will be posted on the UR website by the end of June 2017

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. Forename/Other name: _____
4. Date of birth (Day/Month/Year): _____
5. Gender: Male Female
6. Nationality: _____
7. National ID Card/Passport number: _____
8. Marital status: Single: Married: Widowed:
9. Name and Address of Guardian/next of kin: _____
_____ Tel.: _____

Section B: Contact details:

Permanent (Home) address:

Province: _____

District: _____

Sector: _____

Cell: _____

Post code: _____

Tel. No: _____

Mobile phone: _____

Email: _____

Work postal address:

Province: _____

District: _____

Sector: _____

Cell: _____

Post code: _____

Tel. No: _____

Mobile phone: _____

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 your 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

(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 time

Evening 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 (academic year)		Qualification & Combination	Main subjects (Courses)	Grade obtained in each subject	Examination Authority/Board (REB/WDA/RNEC)
From	To				

Section F: Professional experience (If any):

Organization	Period		Position	Nature of job
	From	To		

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: _____

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	