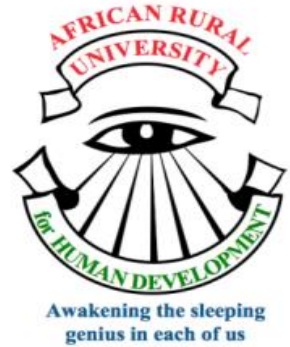


**AFRICAN RURAL  
UNIVERSITY (ARU):  
AN ALL WOMEN'S UNIVERSITY**

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Contact Office:  
URDT/ ARU  
Plot 617 Mengo, Kibunga Block  
Right of Southern gate, City Parents P/S  
Basiima Campus  
P.O. Box 16253, Kampala  
Tel : 256-793-150990  
Email: info@aru.ac.ug

Main Office  
ARU  
P.O. Box 24  
Tel: 256-793-150990  
Kagadi

**OFFICE OF THE ACADEMIC REGISTRAR**

**Student's Application Form to the University [Intake 2016/2017]**

**Course applied for: ARU's One Year Credit Certificate in Rural Entrepreneurship and Business Management (CREB)**

Current Passport Photograph
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**Instructions:**

- (i) This Form should be filled by **female applicants only** using capital letters.
- (ii) Only **female** holders with a minimum of Uganda Certificate of Education (UCE) with at least **three passes** obtained at the same sitting are eligible.
- (iii) **Females** with other qualifications above Uganda Certificate of Education (UCE) have added advantage.
- (iv) Applicants must not be under any programme of African Rural University
- (v) Applicants must be with at least 2 years work experience in the field of interest
- (vi) The female applicants must be interested in rural development.
- (vii) Attach duplicate copies (not originals) of your academic and non-academic certificates and transcripts.
- (viii) Attach an original receipt of application fee of Uganda Shs10.000/= obtainable from the University Bursar at ARU Campus
- (ix) It should be NOTED by all the applicants that cases of impersonation, falsification of documents or giving false information is a criminal offence in Uganda Courts of Law.
- (x) Please fix your current Passport size photograph in the box at the right hand side above.

**PART I: PERSONAL DATA**

- (a) Surname (in full).....
- (b) Other names (in full).....
- (c) Date of birth (DD/MM/YY): .....
- (d) Sex.....
- (e) Do you have any disability problem (Tick appropriately)? Yes [ ] No [ ]
- (f) If yes, please specify.....
- (g) Nationality.....
- (h) Please give your physical/home address (Fill appropriately):
  - (i) City/Town.....
  - (ii) Division.....

- (iii) District.....
- (iv) County.....
- (v) Sub-county.....
- (vi) Parish.....
- (vii) Ward.....
- (viii) Village.....
- (ix) Cell.....
- (i) Phone Number.....
- (j) E-mail address: .....

**PART II: FAMILY INFORMATION**

- (a) Next of Kin.....
  - (i) Relationship (e.g. Father, Mother, Guardian, Husband, Brother, Sister, etc):  
.....
  - (ii) Personal Contact Phone Number (If available).....
  - (iii) Occupation.....
  - (iii) Physical home address [Please indicate in detail as in Part I (h) above]:  
.....  
.....  
.....  
.....
  - (iv) Employer (If applicable).....
  - (v) Work Contact Phone Number.....
  - (vi) Physical address of place of Work.....  
.....  
.....

- (b) (i) With whom do you live (e.g. Father, Mother, Guardian, Husband, Brother, Sister, etc)?  
.....
- (ii) Please indicate his or her physical address in detail as in Part I: (h) or Part II: (a) (iii) above.  
.....  
.....  
.....

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**PART III: ACADEMIC HISTORY**

Names of Academic Institutions, Colleges and Schools attended, years and awards obtained beginning with the most recent.

Year	Institutions Attended	Award

**PART IV: SECONDARY SCHOOL ACTIVITIES AND RESPONSIBILITIES**

**(a) Secondary School Activities**

Please list your secondary school activities e.g.:

Art [ ], Athletics [ ], Community Service [ ], Drama [ ], Music [ ], Speech/Media [ ], Student Government [ ], Special Events [ ], Others [ ]

In case others please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(b) Responsibilities [if any] held at school/college**

Please specify responsibilities held while at school/college:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART V: EMPLOYMENT RECORD**

Have you ever been employed (Tick appropriately): Yes [ ] No [ ]

If yes, describe your activities/employment record giving period, institution/employer and position held. You may use a separate sheet of paper.

Period	Institution	Position

**PART VI: DECLARATION BY THE APPLICANT**

I have noted and understood the implication of giving incorrect information; I confirm that the information given on this form, to the best of my knowledge, is correct.

Signature of Applicant..... Date.....

Please physically submit the application letter to the office of Academic Registrar at ARU Campus in Kagadi Kibaale District, or ARU’s contact office (URDT/ARU Office) on Plot 167 Mengo, Kibuga Block 4, and Right of southern gate of City Parents’ Primary School, Basiima Campus or via the postal addresses given above not later than **15<sup>th</sup> August 2016**. Electronically, the application letter can also be submitted to [fndibuuza@aru.ac.ug](mailto:fndibuuza@aru.ac.ug) or [registrar@aru.ac.ug](mailto:registrar@aru.ac.ug) .

**For any more information please contact the Academic Registrar on Telephone Numbers 0782-739132 or 0793-150992.**

**Kindly tell us, how did you know about ARU calling for these Applications?**

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.....  
.....