

Contact Office:  
URDT/ ARU  
Plot 617 Mengo, Kibuga 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 2024/2025]**

Please fix your current Passport size photograph in the box at the right hand side:

Current  
Passport  
Photograph

#### **Courses Offered:**

**1. Bachelor of Rural Development (BRD)**

**2. Bachelor of Science in Sustainable Agriculture (BSSA)**

#### **Instructions:**

- (i) This Form should be filled by **female applicants only** using capital letters.
- (ii) Only **female** holders Uganda Advanced Certificate of Education (UACE) with at least **two principle passes** obtained at the same sitting are eligible.
- (iii) Only **females** with Diplomas from recognized institutions are eligible.
- (iv) The females who passed the Mature Age Examination by the National Council for Higher Education (NCHE) are eligible.
- (v) The female applicants must be interested in rural development.
- (vi) Attach duplicate copies (not originals) of your academic and non-academic certificates and transcripts.
- (vii) Attach an original receipt of application fee of Uganda Shs30.000/= obtainable from the University Bursar at ARU Campus or ARU contact office in Kampala. **Payable to: African Rural University: Account Number 9030005764156: Stanbic Bank Bwamiramira Branch**
- (viii) 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.

#### **Course Applied for:**

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#### **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.
- .....
- .....
- .....
- .....
- .....

### PART III: ACADEMIC HISTORY

Names of Academic Institutions, Colleges and Schools attended, years and awards obtained beginning with the most recent. Attach photocopies of the Uganda Advanced Certificate of Education (UACE), Uganda Certificate of Education (UCE) or their equivalent and any other academic qualifications.

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:

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#### (b) Responsibilities held at school/college

Please specify responsibilities held while at school/college:

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### 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

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## PART VI: Your intent

In about 500 words, express in the space below why you want to join African Rural University and what you hope to learn:

[illegible]

.....  
.....  
**PART VII: REFEREES**

Give names of two persons in responsible positions from whom confidential information may be obtained about you:

(i) Name.....

Addresses.....

Telephone Number.....

(ii) Name.....

Addresses.....

Telephone Number.....

**PART VII: 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. Electronically, the application letter can also be submitted to [alwanga@aru.ac.ug](mailto:alwanga@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 **0774 227 663** or **0793-150992**.

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

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