

P. O. BOX 301, KABALE - UGANDA



## **APPLICATION TO STUDY AT ACCT UGANDA**

Date of Application	PI	ace of applying	J	Applica	ation No	
Name of Applicant						
Date of Birth	dd mm					
Physical Address:	Village					
•	Country Nationality					
	P. O. Box Town National ID or Passport No					
On line contacts:	Phone			•		
				•		
	Attach National ID or Passport and a passport photo					
Programme applie	d for List prog	grammes here	for sele	ction		
	Level: D	egree / Diplor	ma / Ce	rtificate / UVQ	F / Professional	
EDUCATION LEVE  Primary Leaving C	ELS COMPLETE	<b>D:</b> School				
Location: Village				_		
On line contacts: P				•		
Email						
Results: 1				4		
Attach the image of the Pi	imary leaving certilicat	e				
<b>Ordinary Certificat</b>	e of Education	Year Sch	ool			
Location: Village		Town		Country		
On line contacts: P	hone		What	's Up		
Email	Webs	ite	Fa	ce book		
Results: 1	2	3.		4		
5	6	7.		8		
Attach the image of the O	rdinary Certificate of Ed	ducation				

Advanced Certificate of Education Year	School
Location: Village Town	Country
On line contacts: Phone	What's Up
Email Website	Face book
Results: 1 2	3 4
Attach the image of the Advanced Certificate of Education	
Professional Certificate Entry Year I	nstitution
Location: Village Town	Country
On line contacts: Phone	What's Up
Email Website	Face book
Award	Class
Attach the image of the Professional Certificate	
Are you employed? Yes / No If yes	s, name the organisation you work for
Name	
Location: Village Town	Country
On line contacts: Phone	What's Up
Email Website	Face book
(Attach the image of the recommendation or a	ppointment letter)
Name of Parent (Father / Mother)	
Address: Village Town	Nationality
On line contacts: Phone	What's Up
Email Website	Face book
(Attach the image of the National Identity card	or passport of the parent)
Name of person or organization that will pa	v vour fees
Address: Village Town	
On line contacts: Phone	•
Email Website	·
(Attach the image of the National Identity card or p	
The state and the state of the	<u>acepert en recommendation en une éponéen,</u>
Preferred Mode of Training Full Time / Eve	ening / Weekend / Online
How did you know about ACCT	
Where do you wish to reside while you are a s	tudent In the College / Day / Distant
I certify that the information given above is true	
,	
Name of Applicant	Academic Registrar
Date	Date