

# POSTGRADUATE PROGRAMMES

## APPLICATION FORM

### ACADEMIC YEAR 2016/2017

**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 by hand. Please write clearly and in CAPITAL/BLOCKS LETTERS.
3. **The Completed application form must be returned with Bank Slip of RWF 10.000 non refundable application fees** paid in **Bank of Kigali** on account no **00094 - 0637830-21/Frw** of UR- Internal Revenues.
4. Attach certified copy of your Degree certificate and, photocopy of your National ID card or valid passport, as well as two photos passport. Applicants who did not complete their studies in Rwanda must present the equivalency issued by National Higher Education Council (HEC).
5. Your application will not be considered unless this form is completed in full and all the required documents are attached.

## 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. Do you have any physical disability (State it, if any): \_\_\_\_\_

## 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:**

1. College: College of Education (CE)

2. Academic Programme: \_\_\_\_\_

**SECTION D: 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 information 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	