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**OFFICE OF THE ACADEMIC REGISTRAR**

**Tel. No:** +256702 646093, +256750599736, +256780249942

**E-mail:** admissions@utamu.ac.ug

**P.O. Box:** 73307, Kampala -Uganda

**Website:** www.utamu.ac.ug

**Application for Postgraduate Programmes**

1. Name
2. Gender
3. Nationality
4. Date of birth
5. Tel. No. (s)
6. Email address

**Choice of Programme**

1. Postgraduate Diploma (PGD) [ ]

Name of the programme

1. Masters [ ]
2. Name of the programme
3. Programme option

**Education Background (State the Programme and the Class of Degree/Diploma)**

1. Bachelors

 Class

1. Postgraduate Diploma

 Class

**Preferred Mode of Study (✓ Tick)**

Weekend [ ]

Distance/Online [ ]

**INTAKE (✓ Tick)**

January [ ]

May [ ]

September [ ]

Year

**How did you know about UTAMU? (✓ Tick)**

1. Online Search Engines

 Google [ ]  Bing [ ]  Yahoo [ ]

 Others (Specify)

1. Social Media

 Facebook [ ]  Twitter [ ]  Instagram [ ]

 Others (Specify)

1. Radio and TV (Specify)
2. Marketing

UTAMU Flyer/ Brochure [ ]

UTAMU Website [ ]

Newspapers [ ]

Others (Specify)

1. Recommendation by someone (Please specify)

Name:

Tel. No (s):

**Attachments**

1. Bachelors Transcript
2. National Identity Card/ Passport

Applicants Signature …………………………………. Date ………………………………………