****

**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

**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 ………………………………………