



# UNIVERSITY OF THE SACRED HEART - GULU

P.O Box 374 Gulu-Uganda

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Health of Mind, Heart and Body for Integral Development.

## APPLICATION FORM

This form should be completed and sent to. Admission Office P.O. Box 374 Gulu – Uganda. Please attach proof of payment of application fee of non-refundable amount USh. 50,000/= paid to. **Account Name:** University of the Sacred Heart **Account Number:** 7520600073 **Bank:** Centenary Rural Development Bank, Uganda Limited, **Branch:** Gulu. Complete the form with **BLOCK** printed writing. Names must be those that appear on applicant's academic documents

### SECTION 1: PERSONAL DATA

1. Surname: \_\_\_\_\_
2. Other Given Name(s) \_\_\_\_\_
3. Gender: Male  Female
4. Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
5. Home Address: \_\_\_\_\_
6. Telephone No: \_\_\_\_\_ Marital Status: Married  Single
7. Email Address \_\_\_\_\_
8. Nationality: \_\_\_\_\_ National: ID No \_\_\_\_\_ Passport No \_\_\_\_\_
9. Emergency Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_
10. Address: \_\_\_\_\_

Attach a recent  
passport size photo

### SECTION 2: RELIGION

Catholic  Anglican  Muslim  Others (Specify) \_\_\_\_\_

### SECTION 3: PROGRAM APPLIED FOR (Tick against the program. Mode of study only applies to BIS)

Mode of Study

1. Bachelor of Counselling Psychology (BCP)  Day  Weekend
2. Bachelor of Information Systems (BIS)  Day  Evening

### SECTION 4: QUALIFICATION

	Schools Attended	Year of Study	
		From	To
1.			
2.			
3.			
4.			

	Colleges/Universities	Year of Study		Qualification
		From	To	
1.				
2.				
3.				
4.				

**SECTION 5: APPLICANT'S WORKING EXPERIENCE (If Applicable)**

Year		Employer	Designation	Nature of the Assignment
From	To			

**NOTE:** Copies (not originals) of the academic document should be attached to each Application form

**SECTION 6: VERIFICATION**

The Parent or Sponsor: *I will undertake to pay the required fees for* \_\_\_\_\_

Sponsor Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Tel No. \_\_\_\_\_

**SECTION 7: DECLARATION BY APPLICANT**

*I certify that the information given in this application form is correct. I also acknowledged that omission or misrepresentation of facts will lead to the cancellation of application or expulsion or suspension from the university if later discovered.*

Name of the applicant \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_