

APPLICATION FORM FOR POSTGRADUATE ADMISSION



INTAKE YEAR _____ MONTH _____

<p>SECTION A: BIOGRAPHIC INFORMATION</p> <ol style="list-style-type: none"> 1. Surname (Family name) <li style="padding-left: 20px;">First name (Religious or similar) 2. Birth date (DD/MM/YYYY) <li style="padding-left: 20px;">Country Province District 3. Gender: M <input type="radio"/> F <input type="radio"/> Marital Status 4. Citizenship..... Country of Residence..... 5. ID/Passport N° <li style="padding-left: 20px;">Place of Issue Valid until 6. Postal Address..... Town/City..... <li style="padding-left: 20px;">Country..... 7. Personal mail address..... 8. Phone number..... Service phone..... 	<p>RELATIVES INFORMATIONS</p> <p>a) Next of kin:</p> <ul style="list-style-type: none"> - Names..... - Relationship..... - Postal Address..... - Phone number..... - Email..... <p>b) Contact Person in case of Emergency</p> <ul style="list-style-type: none"> - Name (s)..... - Relationship - Postal Address..... - Phone number..... - Email.....
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SECTION B : FINANCIAL/SPONSORSHIP INFORMATION

<p>SPONSORED BY THE GOVERNMENT OF RWANDA THROUGH REB</p> <p style="text-align: center;"><input type="radio"/></p>	<p>SELF SPONSORED</p> <p style="text-align: center;"><input type="radio"/></p>	<p>OTHER PRIVATE BODY OR ANOTHER GOVERNMENT INSTITUTION (NOT REB)</p> <p style="text-align: center;"><input type="radio"/></p> <p>(Specify)</p>
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SECTION C: PAYMENT INFORMATION

1. Account N° Bank-Branch.....
2. Deposit Date (DD/MM/YYYY)..... Amount Paid.....
3. Payment Reason: Application Registration

Note: Payment is made in Bank of Kigali (BK) on Account Number: 00094-0637830-21

SECTION D: ACADEMIC BACKGROUND
SECTION D1: SECONDARY/HIGH SCHOOLS YOU ATTENDED

No	NAME OF INSTITUTION/SCHOOL	COUNTRY	Grade/Year or Levels (e.g 1 st , Year...)	FROM (YYYY)	TO (YYYY)	QUALIFICATION/DEGREE (if there is no award, put a hyphen; if you repeated the year, write "repeat") If you passed the National Exam as an independent candidate, indicate it
1						
2						
3						
4						
5						
6						
7						
8						

SECTION D2: UNIVERSITIES/HIs YOU ATTENDED (ATTACH DEGREE CERTIFICATES AND TRANSCRIPTS)

No	NAME OF INSTITUTION/UNIVERSITY	COUNTRY	Grade/Year or Levels (e.g 1 st , Year...)	FROM (YYYY)	TO (YYYY)	QUALIFICATION/DEGREE (if there is no award, put a hyphen; if you repeated the year, write "repeat")
1						
2						
3						
4						
5						
6						
7						
8						

<p>SECTION D: HIGHEST QUALIFICATION (Attach a notarized copy of your degree certificate, transcripts)</p> <ol style="list-style-type: none"> 1. University attended..... <i>If you have attended many universities as indicated in the previous table, please indicate it in your CV and attachments</i> 2. Field of Study..... 3. Degree awarded..... 4. Other degrees and diplomas:(mention them in your CV and attach copies) 5. Practical Experience related to the programme..... 	<p>APPLICATION</p> <p>– Degree Applied for:</p> <p>– Field of Study</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p>
<p>SECTION E: APPLICANT SIGNATURE</p> <p>I certify that the information I have provided is correct</p> <p>Applicant names.....</p> <p style="text-align: right;">Date</p> <p>(DDMMYYYY)...../...../.....</p> <p>Signature.....</p>	<p>SECTION F ACADEMIC REFEREES (<i>Please attach their recommendation letters</i>)</p> <ol style="list-style-type: none"> 1. Name..... Academic Title..... Postal Address..... Email..... Phone number.....
<p>SECTION G: FOR FACULTY OFFICIALS</p> <p><i>N.B: This section is filled after the meeting of Programme Admission Board</i></p> <p>A. (i)Decision of Department or Programme : Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Pending <input type="checkbox"/></p> <p>(ii)Reasons of accepting application.....</p> <p>(iii)Reason(s) of rejecting application.....</p> <p>(iv)Head of Department or Coordinator of the Programme :Signature.....Date.....</p> <p>B. (i)Decision of Faculty/School/Center: Accepted <input type="checkbox"/> Rejected <input type="checkbox"/></p> <p>(ii)Dean/Director/of Faculty/School Centre: Name.....</p> <p style="text-align: center;">Signature.....Date.....</p>	