

**MAKERERE**

P.O.Box 7062 Kampala-Uganda  
Cables: "MAKUNIKA"



**UNIVERSITY**

Tel: +256 -41-532752/530231/5302232  
Fax: +256 -41 533640/541068  
Email: [ar@acadreg.mak.ac.ug](mailto:ar@acadreg.mak.ac.ug)

**OFFICE OF THE ACADEMIC REGISTRAR**

**APPLICATION FOR REGISTRATION AS A SHORT TERM STUDENT IN ACCORDANCE WITH THE ENCLOSED REGULATIONS**

**Current  
Photograph  
Passport**

(To be completed in duplicate)

PART 1: To be completed by the applicant

- (1) Surname (in full) .....
- (2) Other names (in full) .....
- (3) .....
- (4) Date of Birth ..... (4) Sex .....
- (5) Marital Status .....
- (6) Country of Origin .....
- (7) Citizenship .....
- (8) Last Education Institution attended (exact dates) .....
- .....
- (9) Proposed duration of stay at Makerere University (exact dates)  
From .....
- (10) Reasons for applying  
.....  
.....
- (11) Subjects
  - (i) .....
  - (ii) .....
  - (iii).....
  - (iv).....
- (12) Financial arrangements have been made as follows:  
.....  
Arrangements for accommodation have been made as follows:  
.....
- (13) Present address .....
- (14) Declaration by applicant: I have read and understood the Regulations appertaining to this registration and I undertake to abide by them, if my application for registration as an Occasional student is accepted.

Signature of applicant: ..... Date: .....

N.B. The applicant should return the completed form to the Registrar at the above address.

PART II: To be completed by the relevant Heads of Department

(i) The applicant is/not acceptable to the Department

Signature: .....  
Department: .....  
Date: .....

(ii) The applicant is/not acceptable to the Department

Signature: .....  
Department: .....  
Date: .....

(iii) The applicant is/not acceptable to the Department

Signature: .....  
Department: .....  
Date: .....

(iv) The applicant is/not acceptable to the Department

Signature: .....  
Department: .....  
Date: .....

PART III: To be completed by the Dean

The relevant Head(s) of Department(s) has/have recommended/not recommended the application and I, therefore, accept/do not accept the applicant into the Faculty to take the following subject(s):

.....  
.....  
.....

Signature: .....

Note: The is asked to return a copy of the completed form to the Registrar and to retain the other.