



OFFICE OF THE INSTITUTE REGISTRAR

APPLICATION FORM FOR SHORT COURSES

Please complete all in BLOCK CAPITALS in blue or black ink and tick the boxes as appropriate

COURSE APPLIED FOR:.....

Weekday Program

Duration

Weekend Program

2.0 PERSONAL DETAILS

(Names filled must be as appears on National ID Or official Documents)

| | |
|---|---|
| SURNAME: | Title (Mr/Mrs./Miss/MS/Dr/Rev.) |
| OTHER NAMES: | |
| DATE OF BIRTH AND AGE: | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE (Please Tick One) |
| COUNTRY OF BIRTH: | |
| COUNTRY OF RESIDENCE: | |
| RELIGIOUS AFFILIATION (If applicable): | |
| MARITAL STATUS (Married, Single, Divorced & others specify): | |

3.0 PERSONAL CONTACTS

| |
|--------------------|
| VILLAGE: |
| PARISH: |
| SUB COUNTY: |

| | |
|---|------------------------|
| DISTRICT OF BIRTH: | |
| DISTRICT OF RESIDENCE (If different from above): | |
| POSTAL ADDRESS: | |
| HOME COUNTRY: | |
| PARENT/GUARDIAN CONTACTS: | |
| HOME TEL: | MOBILE NUMBER: |
| FAX ADDRESS: | E-MAIL ADDRESS: |

Declaration: I certify that the information given above is correct and I understand that the Institute will withdraw my admission if any aspect is found to have been falsified.

Signature

Applicant:.....

Date:.....

Registrar Academics,

Signature:.....

Date

Stamp:

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