

# VALLEY UNIVERSITY OF SCIENCE & TECHNOLOGY (VUST)

P.O. Box 44, Bushenyi Uganda

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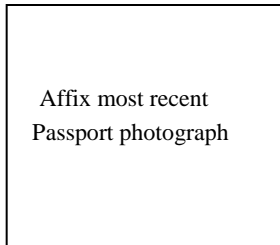
Email: [info@vust.ac.ug](mailto:info@vust.ac.ug); [valleyuniversityuganda@gmail.com](mailto:valleyuniversityuganda@gmail.com)

Website: [www.vust.ac.ug](http://www.vust.ac.ug)

## APPLICATION FOR ENTRY INTO VALLEY UNIVERSITY OF SCIENCE AND TECHNOLOGY (VUST)

YEAR: 20.....

This form should be completed and returned to:  
The Registrar,  
Valley University of Science and Technology (VUST)  
Block 2, Plot 131, Nyaruzinga Road  
P.O. Box 44, Bushenyi



### PART A (To be completed by the Applicant)

1. Surname: ..... Others: .....
2. Programme applied for  
.....
3. I will be doing the programme (Tick your choice)
  - I. Full time
  - II. Evening
  - III. Weekend
  - IV.
4. Gender: .....
5. Date of Birth:..... Place of Birth:.....
6. Nationality: .....
7. Marital Status: .....
8. Present Address: .....
9. Permanent Address: .....
10. Telephone: (Your own)  
.....
11. Details of person to be contacted in case of emergency:
  - I. Name .....
  - II. Address.....
  - III. Telephone.....

12. List universities, colleges and schools attended beginning with most recent and attach photocopies of certificates and transcripts

Name of Institution	From	To	Award

13. List other courses attended, if any:

- I. ....  
 II. ....  
 III. ....  
 ....

14. State any research / publication you have undertaken::

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

15. State your employment record beginning with your present job:

Position held	Ministry/Dept/Organization	From	To
1.			
2.			
3.			
4.			
5.			

16. State briefly the reason why you want to take this course and its relation to your present job or future job responsibilities:

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

17. Give names of two referees

- 17.1 Names .....  
 Designation .....  
 Address .....  
 Telephone .....

17.2 Names .....  
Designation .....  
Address .....  
Telephone .....

18. Sponsoring body  
I. Names of Sponsor: .....  
II. Address: .....  
III. Telephone: .....  
IV. Email: .....

I, .....certify and declare that to the best of my knowledge, the information provided in this form is correct.

Date: ..... Signed: .....

**PART B: FOR OFFICIAL USE ONLY**

Application Ref: .....

Faculty / Department .....

Course: .....

Remarks: .....

Sign: .....

Designation: .....