



METROPOLITAN INTERNATIONAL UNIVERSITY

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Office of the Academic Registrar POSTGRADUATE PROGRAMMES APPLICATION FOR ADMISSION TO THE UNIVERSITY

**Affix a
photograph of
current likeness**
Write your name on
the reverse

A. PERSONAL INFORMATION

1. a) Surname/Last Name (Block Letters):
- b) Other Names (in full):
(Names should be those that appear on all your academic papers)
2. Sex: Male Female
3. a) Marital Status: b) No. of Children: c) Religion:
4. a) Date of Birth: b) Place of Birth:
6. a) Home District: b) Citizenship:
- c) Country of Residence:
7. Permanent address:
(Postal Address or Home Village, Sub-county, County, District & Country)
- Tel. No.: Fax No.: E-mail:
8. Contact Address (if different from 7 above):
9. How did you know about Metropolitan International University? (Tick the right choice(s)) Through:
Radio Newspapers Staff Website Liaison office Students
- Other, specify (name of person or avenue):

B. ENROLMENT INFORMATION

10. Course/Academic Programme applied for. (Indicate your preferred choices)

- | | |
|--------------------------------------|-------|
| 1) Master of Business Administration | (MBA) |
| 2) Master of Public Administration | (MPA) |
| 3) Master of Education | (MED) |
| 4) Master of Information Technology | (MIT) |

1st Choice: 2nd Choice: 3rd Choice: 4th Choice:

11. Academic Year: E.G.: (2020/2021) Intake:

12. Study time/schedule

Fulltime Weekend Holiday Evening Online

13. TOEFL Test Results (*Only for applicants from non-Anglophone backgrounds*)

Testing Body	Date of test	Score (%)

14. Education background

Please list all schools and colleges attended in the following section (*attach an extra page if necessary*)

Name of Institute/College/University	Country	Duration	Award
		to	
		to	
		to	

Attach photocopies of the Certificates and Transcripts/Result Slips for ALL Indicated Awards. Copies of higher learning Certificates and Transcripts must be **CERTIFIED** by the awarding institution.

15. EMPLOYMENT RECORD (*attach an additional page if necessary*)

Employer	Title/Position held	Duration
		to
		to
		to
		to
		to

16. Sponsorship (*If not Self*)

Name of Sponsor.....

Postal or Physical Address

Tel No Fax No..... Signature

17. Please attach copies of letters of recommendation from two suitable referees.

18. Please note that cases of impersonation, falsification of documents or giving false/incomplete information, whenever discovered either in the course of registration or afterwards, will lead to automatic CANCELLATION of admission or withdrawal of conferred qualification and prosecution in the Courts of Law.

19. Declaration

I certify that I have read and understood the conditions for admission to the university and that to the best of my knowledge the information given above is true.

SIGNATURE OF APPLICANT **DATE:**

