



Uganda Martyrs University  
**SCHOOL OF  
POSTGRADUATE STUDIES AND RESEARCH**

Application for Admission  
to PhD Programme

This form should be completed in **BLOCK CAPITALS** using black ink, and returned to The Dean, School of Postgraduate Studies and Research, Uganda Martyrs University, P.O. Box 5498, Kampala, UGANDA. The reference forms attached to this document should be forwarded to two referees who can evaluate your academic abilities and presented in **sealed envelopes** together with the application form, certified copies of all transcripts to date, and your curriculum vitae. Incomplete applications can not be processed.

Photograph

**PERSONAL DETAILS**

Title (Dr/Mr/Mrs/Ms/Miss) Surname/Family Name: Other Names:

Date of Birth: Sex: Nationality:

Country of Birth: Country of Permanent Residence:

**ADDRESSES**

Permanent Home Address: Address for Correspondence:

Telephone: Telephone:

Fax: Fax:

e-mail: e-mail:

**For official use only:**

Date received: \_\_\_\_\_

Application complete: Yes \_\_\_\_\_ No \_\_\_\_\_

Further information: \_\_\_\_\_

## ENGLISH LANGUAGE

All students enrolled at Uganda Martyrs University are expected to have a good command of the English language, both written and spoken. Please indicate your level of competence:

### Spoken English

Please tick

Excellent []  
Very good []  
Good []  
Fair []

### Written English

Excellent []  
Very good []  
Good []  
Fair []

## PROGRAMME OF STUDIES

Please indicate the topic you wish to study at research level:

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## REASONS FOR APPLYING FOR THE COURSE

Please state briefly the reasons why you are applying for this course:

## PROGRAMMES AVAILABLE

Please indicate (tick) the programme you are applying for:

- PhD by Research Only
- PhD in Agro Ecology and Food Systems (full time Nkozi)

## EDUCATION AND QUALIFICATIONS

	Name of School/College or University	Results obtained	Year
"A" level			
First Degree			
Higher Degree			
Other Qualification(s)			

Photocopies of all diplomas, certificates, and course transcripts awarded for these qualifications must be enclosed with this application. All certificates must be certified by a recognized authority and will be verified against the originals when you present to the admission panel.



# UGANDA MARTYRS UNIVERSITY

P.O. Box 5498 - KAMPALA

Uganda

Candidate Reference Form

## SECTION 1 TO BE COMPLETED BY THE APPLICANT

This is one of the two Graduate Reference Forms. Please complete this section before forwarding one form to each of your referees, requesting that they complete Section 2 and return the form to you in a sealed envelope, signed across the seal.

Surname/Family name:

First name:

Title (Dr/Mr/Ms etc):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## TOPIC OF RESEARCH

Degree applied for: \_\_\_\_\_

Commencing in: \_\_\_\_\_ (year)

Date reference form forwarded to referee: \_\_\_\_\_

## SECTION 2 TO BE COMPLETED BY THE REFEREE

The above-named is applying for admission to post graduate studies at UMU and has named you as a referee. We would be grateful to receive, in confidence, your opinion on the candidate's suitability for the proposed course of study. When commenting on his/her academic performance please indicate if you judge that the candidate will be able to complete a PhD programme.

Please return this form to the candidate who will forward the complete application to the School of Postgraduate Studies. Please seal the envelope and sign across the seal. Thank you for providing a reference.

Surname/Family name:

First names

Title (Dr/Mr/Ms etc):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

**APPLICANT'S NAME:**

Signature of Referee:

Official Stamp:

Date:

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**First name:** \_\_\_\_\_

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**TOPIC OF RESEARCH:**

Degree applied for: \_\_\_\_\_

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**First names** \_\_\_\_\_

**Title (Dr/Mr/Ms etc):** \_\_\_\_\_

**Current Employment:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Email:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

\_\_\_\_\_

**APPLICANT'S NAME:**

Signature of Referee:

Official Stamp:

Date:

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