



**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 cannot 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)

**Written English**

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

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:

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### **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 - Taught).
- PhD in Business Administration (full time Nkozi - Taught). Specialization tracks:
  - Accounting
  - Marketing
  - Entrepreneurship
  - Human Resources management
  - Procurement and Supply Chain Management

### **EDUCATION AND QUALIFICATIONS**

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

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



**All applicants** should note that the University reserves the right to make, without notice, changes in regulations, courses, fees etc., at any time before or after admission. Admission to the University is subject to the requirement that the candidate will comply with the University's registration procedure and rules.

**DECLARATION**

*(to be signed by the applicant)*

I undertake to comply with the University's Registration Procedure and Rules and I confirm that the information given in this Application Form is correct.

Signed:

Date:

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**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:**

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Signature of Referee:

Official Stamp:

Date:

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**First name:**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

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

**APPLICANT'S NAME:**

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Signature of Referee:

Official Stamp:

Date: