



MICHELANGELO COLLEGE OF CREATIVE ARTS, KISUBI

A Center for Creative Arts

(For office use only)

Application for Certificate Course

Please return to
Michelangelo College of creative Arts, Kisubi
Tel: 0414-694638
P.O Box 7 Kisubi Uganda

Application No.	
Registration No.	
ID No.	
Group	

Photo

MOB: 0772-508580, 0784-423385, 0751-377751
0759-754574

A. Personal details – Please complete this section in BLOCK CAPITALS											
Title (Mr. Mrs. Miss)	Surname /Family Name	First Name	Gender(M/F)								
Other Names (if applicable)		Date of Birth (DD/MM/YY)									
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table>									
Place of Origin(Village /Parish / Sub-county /Town)											
.....											
Home District _____		Parents' Name									
Current District of Residence _____		Father _____									
Religious Affiliation _____		Permanent Address _____									
Marital Status (Tick) Single <input type="checkbox"/> Married <input type="checkbox"/>		Occupation _____									
Number of Children (if any) _____		Telephone number _____									
Nationality _____		Mother _____									
Permanent address Box _____		Occupation _____									
Telephone Number _____		Telephone number _____									
Email address _____		Next to Kin/Guardian _____									
		Occupation _____									
		Telephone number _____									
		Permanent Address _____									
Disability/ special needs:											

B. Academic and Professional qualifications OR Equivalent			
UGANDA CERTIFICATE OF EDUCATION (UCE) OR EQUIVALENT			
Year in which UCE was taken		Index Number	
[][][][]		[][][][][][][]	
School			
RESULTS			
SUBJECTS	MARKS OBTAINED	SUBJECTS	MARKS OBTAINED

UGANDA ADVANCED CERTIFICATE OF EDUCATION (UACE)								
Year in which UACE was taken				Index Number				
[][][][]				[][][][][][][]				
School								
RESULTS								
SUBJECTS	LEVEL TAKEN (P or S)	PAPERS						OVER ALL RESULTS
		1	2	3	4	5	6	
Position of Responsibility held in school				Other Qualifications/ information				
_____				Institution Attended				
_____				_____				
				Award				

				Date [][][] [][]				

Attach photocopies: UCE / UACE slips, Birth Certificate, Identity card of your former school and receipts of your application form.

C. SPONSORSHIP BY AN ORGANISATION / INSTITUTION / COMPANY/ GOVERNMENT

If sponsored by an organization, Government or company, then fill in the details below:

- i. Officer in Charge.....
- ii. Name of the organization (or other).....
- iii. Physical and mail address.....
..... Tel No.....
- iv. Signature.....
Date..... Seal/Stamp.

D. SPONSORSHIP BY AN INDIVIDUAL / SELF SPONSORED

If sponsored by a parent, guardian, or benefactor, (The sponsor should fill this section)

- i) Name.....
- ii) Relationship to Student.....
- iii) Employment status.....
- iv) Occupation.....
- v) Name of Organization.....
- vi) Mail Address.....
- vii) Residential Address
District..... Parish.....
Sub parish..... Tel:
- viii) Signature..... Date.....

E. ENDORSEMENT BY FORMER SCHOOL

Name

.....

Designation

.....

Address

.....

Telephone Number

.....

Comment

.....

Signature

Date

.....

F. The Programme includes the following courses

- History and Appreciation of Art
- Ceramics
- Drawing
- Graphic Design
- Painting
- Scripture
- Textile Designs
- Objective Study
- Multi-Media Crafts
- Computer Graphics

E. I, (full names).....solemnly declare that the information given is true and correct to the best of my knowledge.

Signature of applicant..... Date.....

**FOR OFFICIAL USE ONLY
NOT FOR THE STUDENT**

ADMISSIONS OFFICE ASSESSMENT FORM

A. ADMISSION`S OFFICE COMMENTS

Uganda Certificate Of Education (UCE)	Uganda Advanced Certificate of Education (UACE)		Other qualifications	Recommended Course
No. of passes	No. of principal passes	No. of subsidiary passes		

i) For direct entry

- Minimum entry requirements are met (indicate) NO YES

- Details.....

ii) For entry by other qualifications (indicate) NO YES

-Mature Entry Diploma Others

- Details.....

ii) Status (Recognized by NCHE) NO YES NOT KNOWN

Admissions Officer..... Date.....

COLLEGE BOARD`S RECOMMENDATION

i) Applicant accepted and Recommended for: (course details)

.....
.....

Reasons

.....

iii) Applicant rejected (Reasons)

.....

College Dean..... Date and Stamp.....

