MICHELANGELO COLLEGE OF CREATIVE ARTS, KISUBI

A Center for Creative Arts

(For office use only)

Application No. Registration No. ID No. Group

General Application

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

Photo

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

A. Personal det	ails - Please complete t	this section in BLOCK C	CAPITALS	
Title (Mr. Mrs. Miss)	Surname /Family Name	First Name	Gender(M/F)	
Other Names (if appl	icable) Place of Origin(Village /Parish	Date of Birth (DD/MI	M/YY)	
Current District of Religious Affiliation	s Box	Parents' Name Father Permanent Address Occupation Telephone number Occupation Telephone number 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											
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Year in which UCE was taken Index Number Index Number											
School											
RESULTS											
SUBJECTS	MARKS OBTAINED	SUBJECTS MARKS OBTAINED				D					
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UGANDA ADVANCED CER	TIFICATE OF EDUCATION	ON (UAC	.E)								
Year in which UACE was t	rakon] Ind	dex N	lumb	.or				T		
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School											
	RES	ULTS									
SUBJECTS	LEVEL TAKEN							OVE	R AL	L	
	(P or S)	PAPERS RESULTS									
		1	2	3	4	5	6				
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Position of Responsibility held in school Other Qualifications/ information Institution Attended											
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	Award										
		Date		1							
	Date										

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

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

If spo	onsored 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 NoTel No							
iv.	Signature							
	DateSeal/Stamp.							
D. SP	ONSORSHIP BY AN INDIVIDUAL / SELF SPONSORED							
If spo	onsored by a parent, guardian, or benefactor, (The sponsor should fill this section)							
i)	Name							
ii)								
iii	Employment status							
	Occupation							
v)								
ŕ	Mail Address							
	i) Residential Address							
, 12	District							
	Sub parish Tel:							
vii	ii) 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...... Date......

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	quanneations	Course
		A		

i) For direct entry
- Minimum entry requirements are met (indicate) NO YES
– Details
;;) 5
ii) For entry by other qualifications (indicate) NO YES
-Mature Entry Diploma Others
Mature Entry Diploma Others
- Details
ii) Status (Recognized by NCHE) NO YES NOT KNOWN
Admissions Officer Date
COLLEGE BOARD`S RECOMMENDATION
COLLEGE BOARD 5 RECOMMENDATION
Applicant accepted and Recommended for: (course details)
Reasons
<u>:</u>
iii) Applicant rejected (Reasons)
Callery Dans
College Dean Date and Stamp