MICHELANGELO COLLEGE OF CREATIVE ARTS, KISUBI

A Center for Creative Arts

(For office use only)

Application for Diploma in Art and Design

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

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Photo		

Application No.	
Registration No.	
ID No.	
Group	

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

A. Personal de	tails - Please complete t	his section in BLOCK C	APITALS				
Title (Mr. Mrs. Miss)	Surname /Family Name	First Name	Gender(M/F)				
Other Names (if appl	licable)	Date of Birth (DD/MM/YY)					
	Place of Origin(Village /Parish	/ Sub-county /Town)					
Home District		Parents' Name					
Current District of	Residence———	Permanent Address					
Religious Affiliation	n						
Marital Status (Tick	x) Single Married	Occupation Telephone number					
Number of Childre	n (if any)————	Mother Occupation					
Nationality		Telephone number					
Permanent address	s Box ———	Next to Kin/Guardian————————————————————————————————————					
Telephone Number		Telephone number					
Email address —	-440c e	Permanent Address ———					
Disability/ special	needs:						

B. Academic and Professional qualifications OR Equivalent											
UGANDA CERTIFICATE OF EDUCATION (UCE) OR EQUIVALENT											
Year in which UCE was ta	ken	Inde	ex Nu	ımbe	r 🗀						
School											
	RES	ULTS									
SUBJECTS	MARKS OBTAINED	SUBJE	CTS				М	ARKS	ОВТ	AINI	ED
UGANDA ADVANCED CER	TIFICATE OF EDUCATION	N (UAC	CE)								
Year in which UACE was t	aken		dex N	lumb	er 🗀						
School											
301001	DES	ULTS									
SUBJECTS	LEVEL TAKEN							OV	ER A	 LL	
	(P or S)		Р	APER	S				SULT		
		1	2	3	4	5	6				
Position of Responsibility held in school Other Qualifications/ information Institution Attended											
Award											
Date											

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

If spc	onsored by an organiz	ation, Government or company, then fill in the details below	w:
поре	risorou sy un organiz	action, dovernment or company, then im in the decans sero	•••
i.	Officer in Charge		
ii.	Name of the organiz	zation (or other)	
iii.	Physical and mail ad	ldress	
		Tel No	
iv.	Signature		••••
	Date	Seal/Stamp.	
D. SP	ONSORSHIP BY AN II	NDIVIDUAL / SELF SPONSORED	
If spo	onsored by a parent, g	guardian, or benefactor, (The sponsor should fill this section)	
i)	Name		•••
ii)	_	lent	
iii	Employment status.		
		on	
vi)	Mail Address		••
vii	i) Residential Address		
	District	Parish	
	Sub parish	Tel:	
3711	ii) Signaturo	Data	

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

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......

E. ENDORSEMENT BY FORMER SCHOOL

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 No. of subsidiary passes passes					

i) For direct entry - Minimum entry requirements are met (indicate) NO - Details	YES
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.	