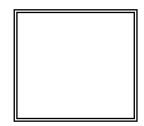


Institute of Advanced Leadership - Uganda Ggaba Road, Nsambya (Opposite the U.S Embassy) P. O. Box 10962, Kampala-Uganda. Tel: +256(0)414 266474, 0772 591720, 0752 619177 Www.ialuganda.ac.ug, info@ialuganda.ac.ug



APPLICATION FORM

When completed, the form should be returned with copies of certificates & Two Passport Photos (white background).

IAL – U/AP: - 23008001

Course of Interest:

LEVEL OF ENTRY – Tick appropriately

Diploma (2 years)	
National Certificate (2 years)	
Short Course	

PLEASE TYPE THE NAME INSIDE THE BOXES OR WRITE USING CAPITALS LETTERS IN BLACK INK

Surname							
First/Given Name							
Other Names							

OTHER GENERAL INFORMATION

Gender		Nationality
Date of birth		District
Religion		Physical Address
Marital status		Other Tel No.
WhatsApp No.		International Contact
Email Address		

NEXT OF KIN DETAILS

Next of Kin 1		Next of Kin 2
Name		Name
Physical Address		Physical Address
Telephone		Telephone

HOW DID YOU LEARN ABOUT THE INSTITUTE OF ADVANCED LEADERSHIP

If you were referred to IAL-U by someone, please list his/her Address so that we may send a thank you letter.
Name Telephone Email.....
DESIRED MODE OF STUDY AND PROPOSED START DATE

Online

Proposed mode of Study: Weekdays

Weekend

1

MINIMUM ACADEMIC REQUIREMENTS

UCE or its equivalent		UACE or its equivalent	
School		School	
Index No.		Index No.	
Year of Examination		Year of Examination	

For Students applying for Diploma without UACE, please fill the details of its equivalent here.

Institution Name	
Qualification	
Registration No.	
CGPA	Class of Award

NB. ALL STUDENTS WITH INTERNATIONAL QUALIFICATIONS ARE REQUIRED TO EQUATE THEIR ACADEMIC DOCUMENTS BEFORE APPLYING

PROFESSIONAL OR OTHER QUALIFICATIONS AND EXPERIENCE YOU WOULD WISH THE INSTITUTE TO TAKE INTO CONSIDERATION

DATA PROTECTION

The information contained in this application will be used for the purpose of processing your application and if you are admitted, will form part of your Institute of Advanced Leadership student record. All data is held and processed in accordance with the requirements of the law, and within the limits agreed with the Institute of Advanced Leadership Data Protection Officer.

DECLARATION

I certify that the information given in this application is accurate and complete. I understand that the submission of inaccurate information may be sufficient cause for refusal of admission or termination of registration.

Name	Signature	Date

FOR OFFICIAL USE ONLY

Course Applied for

Requirements submitted/nor Verified

Grade Verified/Nor Verified.....

Date.....

For: Institute of Advanced Leadership- Uganda