



## 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

Proposed mode of Study: Weekdays  Weekend  Online

**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**