



# UGANDA MANAGEMENT INSTITUTE

(Affix your most recent  
Passport Photograph here)

## TRAINING APPLICATION FORM FOR LONG COURSES (CERTIFICATE, DIPLOMA & MASTERS)

The Academic Registrar  
Uganda Management Institute (UMI)  
Plot 44 - 52, Jinja Road  
P O Box 20131, Kampala  
Telephone: 256-414- 259722/346620  
Fax: 256-414-259581  
E-mail: admin@umi.ac.ug

### PART A (To be completed by applicant)

1. Training Programme applied for .....

2. I will be doing the programme (Tick your choice)

(i) Full time

(ii) Evening

(iii) Weekend

Kampala

Gulu Outreach Centre

Mbarara Outreach Centre

Mbale Outreach Centre

3. Names:.....  
Family Name Others (and nee Name)

4. Present address:.....

5. Permanent Address:.....

Telephone: (Your own or someone .....  
who can reach you easily)

6. Nationality.....

7. Age and Date of Birth.....

8. Marital Status.....

9. Name and address of person to be contacted in case of emergency.....

.....  
10. List schools, colleges and universities you have attended beginning with the most recent and attach photocopies of certificates and transcripts.

<b>Name of Institute</b>	<b>From</b>	<b>To</b>	<b>Award</b>	<b>Main Subjects studied for post secondary courses only</b>

11. List other courses attended, if any:

- (i) .....
- (ii) .....
- (iii) .....
- (iv) .....

12. State any research/publication you have undertaken:

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.....  
.....  
.....

13. State your employment record beginning with your present job:

POSITION HELD	MINISTRY/DEPT./ORGANISATION	FROM	TO
1.			
2.			
3.			
4.			
5.			

14. State briefly the reason why you want to take this course and its relation to your present or future job responsibilities:

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15. Give names of two referees other than your Head of Department

15.1 Name ..... ..

Designation ..... ..

Address ..... ..

15.2 Name ..... ..

Designation ..... ..

Address ..... ..

15.3 Do you intend to be resident or non-resident (delete inapplicable status)

I certify to the best of my knowledge the information given in Pat A of this form is true

Date: ..... Name: .....

PART B (TO BE COMPLETED BY HEAD OF DEPARTMENT/SPONSOR/RECOMMENDATION)

16.0 Is your Ministry/Department/Organization prepared to sponsor the applicant and pay

the fees as set by UMI for this Course? Yes  No  Self

16.1 Please, state the strength and weakness of the applicant in regard to his/her suitability for this course

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.....  
.....  
.....  
.....  
.....

16.2 Names ..... Title .....

16.3 Signature ..... Date .....

16.4 Official Stamp