



THE INSURANCE INSTITUTE OF UGANDA

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APPLICATION FORM FOR CONTINUING STUDENTS

1. Please fill this form in CAPITAL LETTERS
2. Attach a recent passport photo to this form

SECTION 1.0: PROGRAMME DETAILS

1.1: Name: (Use names on academic documents): _____

1.2: Programme: _____ 1.3: Registration Number: _____

1.4: Study Intake applied for i.e.: (Jan/April/July/September): _____

1.5: Study Centre: (Kampala/Mbale/Gulu/Mbarara): _____

1.6: Papers applied for in this intake:

1. _____ 3. _____

2. _____ 4. _____

SECTION 2.0: PERSONAL DETAILS

2.1: Place of employment: _____

2.2: Personal Mobile Number: _____

2.3: Personal Email: _____

SECTION 3.0: SPONSORSHIP (tick the appropriate answer)

Self-Sponsored

Company Sponsored

If Company sponsored' this section must be completed by the person coordinating sponsorship at your Company.

Name of Company:

Name of Company Sponsor Coordinator:

Signature of Sponsor Date

SECTION 4.0: DECLARATION

It should be noted by the applicant that:

All cases of impersonation, falsification of documents or giving false/incomplete information whenever discovered either at registration or afterwards will lead to automatic **Cancellation of admission** or **Revocation of award** and prosecution in the Uganda Courts of Law.

I have noted and understood the implication of giving incomplete/incorrect information. I confirm that all the information given in this form is correct.

Signature of Applicant Date