



REPUBLIC OF RWANDA
KIGALI INDEPENDENT UNIVERSITY ULK

P.O. Box 2280 KIGALI

Cell phone: (+250) 0788304081; 0788309917; 0788304084; 0788303670; 0788302644; 0788302348

E-mail: info@ulk.ac.rw

Website: www.ulk.ac.rw

APPLICATION FORM FOR ADMISSION TO MASTERS PROGRAMMES

Have you been registered previously with ULK Master programme?

YES NO

If YES what was your previous Student Number?

PHOTO

A. CANDIDATE PROFILE

First Name:	<input type="text"/>																				
Last Name:	<input type="text"/>																				
Date of birth:	<input type="text"/>																				
Sex	<table border="1"><tr><td>Male</td><td>Female</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	Male	Female	<input type="checkbox"/>	<input type="checkbox"/>																
Male	Female																				
<input type="checkbox"/>	<input type="checkbox"/>																				
Number of NID/ Passport*:	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Nationality:	<input type="text"/>																				
Place of birth:	<input type="text"/>																				
Address:	<input type="text"/>																				
Tel:	<input type="text"/>																				
Email:	<input type="text"/>																				

* NID: National Identity

B. CANDIDATE PREVIOUS EDUCATION

Title of Last Degree from HLI:	<input type="text"/>		
Year of starting the program:	<input type="text"/>	Year of program completion:	<input type="text"/>
Name of delivering HLI**:	<input type="text"/>		
Country:	<input type="text"/>	Website:	<input type="text"/>

C. LANGUAGE SKILLS

Did you use English in undergraduate program? Yes: No:

If Yes how many years?

All the 4 years: The two first years: The two last years: One year:

How do you estimate your ability to use English?

Listening	Excellent	<input type="checkbox"/>	Very Good	<input type="checkbox"/>
	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>
Speaking	Excellent	<input type="checkbox"/>	Very Good	<input type="checkbox"/>
	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>
Reading	Excellent	<input type="checkbox"/>	Very Good	<input type="checkbox"/>
	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>
Writing	Excellent	<input type="checkbox"/>	Very Good	<input type="checkbox"/>
	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>

**HLI: Higher Learning Institution

D. CANDIDATE PROFESSIONAL EXPERIENCE

First Job title:	<input type="text"/>		
From:	<input type="text" value="/ /"/>	To:	<input type="text" value="/ /"/>
Institution name:	<input type="text"/>		
Second Job title:	<input type="text"/>		
From:	<input type="text"/>		
Institution name:	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text"/>
Third Job title:	<input type="text"/>		
From:	<input type="text"/>		
Institution name:	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text"/>

E. CHOICE OF CANDIDATE

Chosen program:	<input type="text"/>		
<u>SECTION</u>			
Day:	<input type="checkbox"/>	Evening:	<input type="checkbox"/>
		Weekend:	<input type="checkbox"/>

F. MODALITIES OF TUITION FEES PAYMENT

Do you have sponsor? Yes: No:

If yes, fill information about your sponsor:

Sponsor name:	<input type="text"/>				
My sponsor is:					
My Employer:	<input type="checkbox"/>	My parent:	<input type="checkbox"/>	Other organization:	<input type="checkbox"/>
Address:	<input type="text"/>		Country:	<input type="text"/>	
Tel:	<input type="text"/>		Email:	<input type="text"/>	

If No, how are you planning to pay?

All amount in unique payment:	<input type="checkbox"/>	In two equal installments:	<input type="checkbox"/>		
In four equal installments:	<input type="checkbox"/>	In six equal installments:	<input type="checkbox"/>	Monthly:	<input type="checkbox"/>

NB:

- To this application form, certified copies of **undergraduate degree** and **transcripts**, **photo copy of NID** or **Passport**, **2 passport photos**, **proof of payment of RWF 30,000** deposited on given bank accounts for admission fees and other relevant and supporting documents must be attached.
- If you have to be sponsored the sponsorship statement has be attached too.

- **Bank accounts to be used:**

BANK NAME	ACCOUNT NUMBER	ACCOUNT TITLE
Bank of Kigali (BK)	040-0201556-23	Université Libre de Kigali (ULK)
ECOBANK	101-22568-01-12	RWIGAMBA BALINDA/VCULK
BCR	0014031-01-77	Université Libre de Kigali
KCB	4400464725	ULK KIGALI CAMPUS
ACCESS BANK	1002100101066601	Université Libre de Kigali
UNGUKA BANK Ltd	224-2902392-07	ULK/ Université Libre de Kigali

I testify that all information given here above is true.

Name, signature and date:

For the office use only	
Observations:	
Decision:	
Names and signatures of members of commission	
Member 1:	
Member 2:	
Member 3:	