

GULU

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Gulu – Uganda



UNIVERSITY

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OFFICE OF THE ACADEMIC REGISTRAR

BIOLOGICAL CHILD SCHEME APPLICATION FORM

A. APPLICANT'S PARTICULARS

1. Name of Full-Time Staff Member
2. Job Title:
3. Department:
4. Faculty (if applicable):
5. Date of appointment:
6. Employment Terms (Tick One): Contract/Permanent/Probation/Temporary
7. Any other child currently benefiting from the Biological Scheme? Yes No.....
8. If yes in 7, give the child's details:
Name: Registration No.:
Programme of study:

B. CHILD'S PARTICULARS (child for whom this application is being made)

1. Name of Child:
2. Programme Admitted to:.....
Registration Number:
3. Programme Change to (*Provided weight is not more than 4 points below the cut-off point*):

C. DECLARATION

I declare that the information provided above is correct and accurate.

Signature of Applicant: Date:

Please Note:

- i. Attach photocopies of the child's admission letter and birth certificate.
- ii. The original birth certificate will be verified by the Academic Registrar before receiving the application form.

For Official Use Only

D. VERIFIED BY DIRECTOR HUMAN RESOURCES

Remarks:.....

Signature: Date:

E. VERIFIED BY THE ACADEMIC REGISTRAR

Remarks:.....

Signature: Date: