



ADVENTIST UNIVERSITY OF CENTRAL AFRICA

P.O. Box : 2461,

Kigali, Rwanda

Tél/ Fax : (250) 587147, 519779• E-mail: auca@rwanda1.com Web site : www.auca.ac.rw

Admission Form



Personal Details

Family Name.....**First Name**.....

Actual address.....

P.O. Box:E-mail:.....Mobile Phone:.....

Place of Birth:..... Date of Birth:.....

Sex: Male Female

Marital Status: Single Married Divorced Widow/widower Separated

If married:

Names of your partner.....Number of Children:.....

Nationality.....

Names of your Father.....

Names of your Mother.....

Mother Tongue:Other languages (if any).....

Religion.....

If Seventh Day Adventist:

Your Local and District Church.....

Actual employment:.....

Address of your Employer:.....

Health Status: Excellent Good Poor

Do you have health problems or chronic disease? Yes No

If yes, which one?:.....

Financial Information

Who will pay for your school fees?:.....

Address of your sponsor.....

Attach a letter of guarantee for payment of school fees to the university

Academic Programs

Day Evening

Tick the Major course you would like to pursue:

Faculty of Business Administration

Major: Accounting Business Administration

Faculty of Information Technology

Major: Information Management Networks & Communication

Faculty of Education

Major: Educational Psychology

Faculty of Language

Major: French English

Faculty of Religion and Theology

Major: Theology

Educational Background

Attended school or Higher Learning Institution (HLI)

Name your two secondary schools /HLI:

Name of Institution	Year of beginning	Year of Completion

Referees :

Names and addresses of two referees who academically know you, one of whom should be either the Headmaster of Institution or his senior coordinator in charge of courses or discipline. The applicant in theology must have a letter of recommendation from his/her Seventh Day Adventist Association or Union.

1.Name.....Mobile Phone.....
Address.....

2.Name.....Mobile Phone.....
Address.....

Statement

I hereby declare that the above information given is true and complete.
I am informed on the right of AUCA to refuse my application or cancel my registration any time the information given will be wrong.

I promise to undertake the academic regulations included in Student Handbook and AUCA Bulletin.

Done at Kigali, on.....
Names of Applicant.....Signature.....

Case Reserved for AUCA Administration

Received date.....Certified copy of Diploma/Certificate.....Option:.....

Grade reports/ Transcripts: S4.....S5.....S6.....

Four (4) Photos Passports.....Passport/ID card N°:.....

Receipt of Application Fee for Admission:.....