UAUR AFFILIATED ACADEMY

UAUR
United African
University of Rwanda

Photo

ADMISSION for ADMISSION

PERSONAL INFORMATION

Family Name*   Middle   First Name   *

Address-Street No*   Cell   Sector

District*   City*   Country*

Date of Birth*   Gender*   ☐ Male   Email

                                 ☐ Female   Phone No*

EDUCATIONAL BACKGROUND

Graduated

☐ Primary   ☐ Secondary   ☐ College   ☐ University   ☐ Other

SELECT PROGRAM*

Computer	**Jewelry**	**Korean**	**English**
☐ Basic	☐ Basic	☐ Basic	☐ Communication
☐ Coding & Robotic	☐ Intermediate	☐ Intermediate	☐ Business
☐ FLL Robot Team	☐ Advanced	☐ Advanced	☐ -------------

STATEMENT

I hereby declare that the above information given is true and complete.

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

PLEASE CHECK!*

☐ I agree to the collection of personal information.

Name of Applicant*   Signature*   Date*

2 KG28AV., KIMIHURURA, GASABO, KIGALI, RWANDA
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