## OFFICE OF THE DIRECTORATE OF ACADEMIC AFFAIRS

P.O. Box 40292, Kampala, Uganda.
Tel: (Office) +256(414) 231136
    +256783373637
E-mail: admissions@forensicsinstitute.org
Website: www.forensicsinstitute.org

---

### APPLICATION FOR ADMISSION TO UNDERGRADUATE DIPLOMA AND CERTIFICATE PROGRAMMES

#### A. CATEGORY OF APPLICATION

1. I am applying as: (Tick all that apply)
   - [ ] Ordinary level Certificate Entrant
   - [ ] Degree holder Entrant
   - [ ] Diploma holder Entrant
   - [ ] Mature Age Entrant
   - [ ] Advanced Level Certificate Entrant
   - [ ] Diploma holder Entrant
   - [ ] Credit Transfer Entrant

**NATIONALITY**

- [ ] Ugandan
- [ ] International - Specify: ____________________________

**INTAKE: (Tick)**

- [ ] January
- [ ] August

#### B. PREVIOUS APPLICATIONS

2. Have you previously been enrolled at IFIS
   - [ ] Yes
   - [ ] No (if YES, state year of study and course)

   Date: __________  Course: __________

#### C. PERSONAL DETAILS

3. Title (e.g. Ms/Mr/Sr./Fr./Rev./): ____________________________

4.  [ ] Yes  [ ] No (Tick one)

5. Surname: ____________________________

6. Other Names: ____________________________

7. Date of Birth: ____________________________

8. Mailing Address (for regular correspondence):
   ____________________________
   ____________________________

9. Telephone: ____________________________

10. Email: ____________________________

11. Alternative Contact: Name: ____________________________ Relationship: ____________________________
    Telephone: ____________________________ E-mail: ____________________________
D. DISABILITY | SPECIAL NEEDS

12. Do you have special needs?  □ Yes  □ No

13. If Yes to 12, state the support services you may require to enable you undertake your studies smoothly?

---

E. CHOICE OF DIPLOMA PROGRAMME

Note: Duration for Diplomas is TWO (2) YEAR, EACH YEAR HAS TWO (2) SEMESTERS

<table>
<thead>
<tr>
<th>DIPLOMA QUALIFICATION</th>
<th>Tick your choice</th>
<th>Preferred time (Day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIPLOMA IN RISK MANAGEMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIPLOMA in INFORMATION SECURITY &amp; COMPUTER FORENSICS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: You must complete practical lab classes via the internet. For distance learning, you need fast internet connection

F. SECONDARY SCHOOL STUDIES

14. Advanced Level Certificate (High School): Index Number: __________________ Year: ________

<table>
<thead>
<tr>
<th>Subject Name</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.</td>
<td></td>
</tr>
<tr>
<td>ii.</td>
<td></td>
</tr>
<tr>
<td>iii.</td>
<td></td>
</tr>
<tr>
<td>iv.</td>
<td></td>
</tr>
<tr>
<td>v.</td>
<td></td>
</tr>
</tbody>
</table>

15. Ordinary Level Certificate (Middle School): Index Number: __________________ Year: ________

<table>
<thead>
<tr>
<th>Subject Name</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td></td>
</tr>
</tbody>
</table>
16. Which other qualifications/ certificates do you have?
   a) Certificate name: ____________________________  
   b) Awarding institute: ____________________________  
   c) Period/ year of study: ____________________________

17. Would you like the above qualification to be considered for credit transfer for your application?  
   ☐ Yes  ☐ No

18. Fill and attach a credit transfer application form available on  
   (http://www.forensicsinstitute.org/credittransferpolicy) to help in assessing your application.

G. OTHER BIOGRAPHIC INFORMATION

19. Personal Student Information (tick what applies to you to help us serve better)
   a) Marital Status:  
      ☐ Single  ☐ Married  ☐ other (specify)

   b) Religious Affiliation:
      ☐ Christian  ☐ Moslem  ☐ Seventh Day Adventist  ☐ other (specify)

c) Permanent Address: (write Physical address)

d) Next of Kin  
   Name: ____________________________  Relationship: ____________________________  Phone: ____________________________

   Email: ____________________________

e) Home District:  

   f) Emergency address

20. Parents/ Guardian's Information

   **Father's/ Guardian's Details:**  
   Surname: ____________________________  
   Other Names: ____________________________  
   Date of Birth: ____________________________  
   Village of Birth: ____________________________  
   Sub County: ____________________________  
   District of Birth: ____________________________  
   Nationality: ____________________________  
   Country of Residence: ____________________________  
   Address: ____________________________  
   Telephone: ____________________________  
   E-mail: ____________________________

   **Mother's/ Guardian's Details:**  
   Surname: ____________________________  
   Other Names: ____________________________  
   Date of Birth: ____________________________  
   Village of Birth: ____________________________  
   Sub County: ____________________________  
   District of Birth: ____________________________  
   Nationality: ____________________________  
   Country of Residence: ____________________________  
   Address: ____________________________  
   Telephone: ____________________________  
   E-mail: ____________________________
F. Informed Consent

I understand that:

a) Institute of Forensics & ICT Security (IFIS) is collecting this information for the purpose of assessing my application to join their accredited diploma programme.

b) IFIS reserves the right to disclose this information to the Ugandan National Examination Board, Ministry of Education, National Council for Higher Education and Inter University Council for East Africa for educational purposes;

c) IFIS reserves the right to cancel admission or diploma any time if it discovers the information was incorrect.

Student’s Signature: ____________________________ Date: ____________________________

G. Declaration

a) I hereby certify that the information I have provided on this application form is correct and complete.

b) I authorize IFIS to obtain official records from any educational institution previously attended by me, and acknowledge that IFIS reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information.

c) If any information is discovered to be untrue or misleading in any respect, I consent to the IFIS collecting, storing and disclosing this information to the relevant authority.

d) I understand that IFIS may disclose the personal information I have given in this application to the Uganda National Examination Board, Ministry of Education, National Council for Higher Education and Inter University Council for East Africa for educational purposes.

e) I understand and authorise IFIS to cancel any awarded Diploma if it discovers any time during and after award that I provided wrong information on this form.

Student’s Signature: ____________________________ Date: ____________________________

Applicant Checklist

a) Completed all sections applicable to my application;

b) Attached copies of academic documents;

c) Attached certified copies of previous qualifications;

d) Attached other relevant documentary evidence, as required, in support of my application;

e) Signed the Informed Consent;

f) Signed the Declaration.

FOR IFIS USE ONLY

i) Student application completed well? □ Yes □ No Reason ____________________________

ii) Student status □ Admitted □ Declined Reason ____________________________

Name of ADMISSIONS Officer: ____________________________ Signature: ____________________________ Date: ____________________________