

With practical skills, You succeed

OFFICE OF THE DIRECTORATE OF ACADEMIC AFFAIRS

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Attach current
Passport-sized
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APPLICATION FOR ADMISSION TO UNDERGRADUATE DIPLOMA
AND CERTIFICATE PROGRAMMES

_____(YEAR)

A. CATEGORY OF APPLICATION

1. I am applying as: (Tick all that apply)

- ☐ Ordinary level Certificate Entrant ☐ Advanced Level Certificate Entrant
☐ Degree holder Entrant ☐ Diploma holder Entrant ☐ Credit Transfer Entrant
☐ Mature Age 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?
- _____
- _____

NB: Computer courses require you to look at computer screens for longer periods

E. CHOICE OF DIPLOMA PROGRAMME

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

DIPLOMA QUALIFICATION	Tick your choice	Preferred time (Day)
DIPLOMA IN RISK MANAGEMENT		
DIPLOMA in INFORMATION SECURITY & COMPUTER FORENSICS		

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: _____

Subject Name	Grade
i.	
ii.	
iii.	
iv.	
v.	

15. **Ordinary Level Certificate (Middle School):** Index Number: _____ Year: _____

Subject Name	Grade
a.	
b.	
c.	
d.	
e.	
f.	
g.	

h.	
i.	
j.	

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**

Email _____

Name: _____ Relationship _____ Phone _____

e) Home District:

f) Emergency address

20. **Parents / Guardian's Information**

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