**SOUTH UNIVERSITY OF MEDICINE, SCIENCE & TECHNOLOGY**

Photo

JUBA, SOUTH SUDAN

Application Number

**APPLICATION FOR ADMISSION**

Please read carefully before filling in the information. Complete the form in CAPITAL LETTERS.

1. Personal Information

Name:

Gender: Male Female

Date of birth: / / 20 Place of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Blood group: \_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Payam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you consider yourself to have disability or long term health-related issue? Yes  No 

If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Parent/Guardian Information

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Educational Qualification

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Qualification | Year attained | Name of School/College/Institution | Board/Council | Grade/Percentage/  Division |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

4. Employment and Work Experience (If any)

Please give details of work experience (including voluntary work) and employment in reverse chronological order

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Job title | From | | To | | Name of  Organization | Full time or Part time |
|  | Month | Year | Month | Year |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

5. Program you are applying for:

|  |  |  |  |
| --- | --- | --- | --- |
| Choice | Faculty | Program name | Program code |
| 1st choice |  |  |  |
| 2nd choice |  |  |  |
| 3rd choice |  |  |  |

6. Declaration

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that the information given on this form is true, complete and accurate and the documents submitted with this application are authentic to the best of my knowledge. If found otherwise, the University reserves the right to cancel my admission or expel me from the program and shall have no claim against the University in relation thereto. If admitted, I will adhere and abide by the rules and regulations mentioned in the prospects of the University and shall be liable to penalty imposed by the University Authorities in case of violation on my part. I further understand, that if my application is rejected, the application processing fee is not refundable.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Checklist

Please ensure that the following relevant documents are enclosed with the application

* Completed application form Yes  No 
* School leaving certificate/qualification Yes  No 
* Copy of ID/Passport Yes  No 
* Two recent passport size photos Yes  No 
* Application processing fee Yes  No 

8. For Office Use

|  |  |
| --- | --- |
| Program applied for |  |
| Documents verification | Name: Signature: |
| Date: |
| Admission Status |  |
| Student No. |  |
| Admissions Administrator | Name: Signature |
| Date: |

Thank you for completing this form. Now return it to the Secretary Office