



# UNIVERSITY OF LAY ADVENTISTS OF KIGALI

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## Application Form for Students from other Institutions of Higher Learning Academic year 2016/2017

### I. IDENTIFICATION

Names..... Telephone number: .....  
Place of residence: ..... Postal address: .....  
Place of birth: ..... E-mail.....  
Sex: Male  Female  Fathers 'names.....  
Birth date: ...../...../..... Mother's names .....  
Nationality: .....

### II. ACADEMIC INFORMATION

Last higher education institution attended:.....

Level	Faculty requested	Number by order of preference	Department requested
I <input type="checkbox"/>	Economic sciences and Management	<input type="checkbox"/>	Accounting
		<input type="checkbox"/>	Finance
		<input type="checkbox"/>	Marketing
		<input type="checkbox"/>	Human resource
		<input type="checkbox"/>	Cooperative Management and Accounting
II <input type="checkbox"/>	Environmental studies	<input type="checkbox"/>	Economics
		<input type="checkbox"/>	Rural Development
		<input type="checkbox"/>	Emergency and Disaster Management
III <input type="checkbox"/>	Law	<input type="checkbox"/>	-
	Computing and information Sciences	<input type="checkbox"/>	Environmental Management and Conservation
		<input type="checkbox"/>	Software engineering
		<input type="checkbox"/>	Information Technology
		<input type="checkbox"/>	Information system and management

Day program  Evening program   
Regular student  Part-time student  Auditing student

Documents submitted	Available	Missing
1. Notified Secondary school certificate with a minimum of two principal passes		
2. Copy of the identity card (or Passport )		
2. Transcripts(for all levels completed)		
3. 2 passport photos		

The information I have provided is complete and true. I understand that any omission of information may lead to delay and/or cancellation of my admission. I also understand that any falsification of admission documents leads to immediate cancellation of my application.

Date...../...../.....

Signature:

