



UNIVERSITY OF LAY ADVENTISTS OF KIGALI

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E-mail : info@unilak.ac.rw

Application Form in Level one for September intake 2016/2017

I. Identification

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

II. Academic Information

Last secondary school attended Secondary school section:
 date of completion:/...../.....

| Faculty requested | Number by order of preference | Department requested |
|------------------------------------|-------------------------------|---|
| 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 |
| | <input type="checkbox"/> | Economics |
| Environmental studies | <input type="checkbox"/> | Rural Development |
| | <input type="checkbox"/> | Emergency and Disaster Management |
| | <input type="checkbox"/> | Environmental Management and Conservation |
| Law | <input type="checkbox"/> | - |
| Computing and information Sciences | <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 Auditor student

| Documents submitted | Available | Missing |
|--|-----------|---------|
| 1. Secondary school certificate with a minimum of 2 principal passes | | |
| 2. Copy of the identity card (or Passport) . | | |
| 3. 2 passport photos | | |

If you were referred to UNILAK by someone, please provide his/her address so that we may send a thank you message

Names.....Tel.....

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:

