



No.

**THE COOKING SCHOOL UGANDA**

# NTINDA-KISAASI ROAD, Tel: +256783948584/256701774874

# Website: www.thecookingschooluganda.com

# E-mail:[thecookingschooluganda@gmail.com](mailto:thecookingschooluganda@gmail.com)

**APPLICATION FOR ADMISSION**

**PROFESSIONAL FOOD PRODUCTIONS OPERATIONS**

**Application for Admission**

## 1.

Last Name First Name Middle Name

Applicant’sPhoto

Date of Birth: / / Year Citizenship

Male Female Married Single

## Mailing Address

House #/Holding # Street/Road/Block Area/Village/P.S./CityDistrict Post Code Country

Mobile Phone: E-mail:

Other Telephone Number(s)( home, work)

**INSTRUCTION**

* 1. The application processing fee of 50,000 is non-refundable. The final decision regarding the admission will be based on the candidate's academic records and admission test result. The decision of The Cooking School Uganda(CSUG) Admission Committee shall be final
  2. The complete application package will include:(1)completed application form,(2)certified copies of results and other transcripts of academic qualifications and achievements
  3. Submit the complete application package (by hand delivery or courier)to the administrator.

*CSUG is committed to the principles of equal opportunity and is open to all students with required qualifications. There will be no discrimination on the basis Of race, sex, religion, nationality, social grouping, age, etc.*

**Do not write in this area**

Acceptable

Accepted conditionally Not accepted

## Permanent Address

House #/Holding# Street/Road/Block Area/Village/P.S./CityDistrict/State Post Code CountryTelephone:

## Person to be notified incase of emergency

Last Name First Name Middle Name

House #/Holding# Street/Road/Block Area/Village/P.S./City

District/State Post Code CountryTelephone Number: Mobile: Home: Office:

E-mail:

## List of educational institutions you have attended. Give exact dates of attendance.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **University/College/School** | **From(Year)** | **To(Year)** | **Degree** | **Year ofPassing** | **Div/Class**  **/grade/CGP** |
|  |  |  |  |  |  |

1. **Experience (**Professional/Business).Please account for all of your time since completionofyoureducationexaminations.

## Institution/Organization Position/Title Date

1. **Merit Scholarships,Academic Honors or Awards:**
2. Do you have a major handicap? Yes No If yes, describe briefly.

9. How did you come to know about The Cooking School Uganda?

10. Have you ever been dismissed, suspended or expelled from any School / College/ University? Yes No if yes attach a statement giving details.

## 11. I hereby undertake that if admitted to The Cooking School Uganda(CSUG),I will be bound by the rules and regulations and all applicable laws adopted by the Board of Governors and the Administration of The Cooking School Uganda(CSUG).

**I agree that withholding information requested in this application or giving false information will make me**

**Ineligible for admission to CSUG and liable for dismissal if admitted .I hereby certify that the above statements are true to the best of my knowledge.**

**Date Signature**