

APPLICATION FOR PROMOTION

(This application will be governed by Statute 2007 of the Promotion of Academic Staff)

TO DE TII	nea in auplica	ate					
INSTRUCTIONS complete all section	: Please read o	carefully and	Received by Human Resource l	Department on date and time:			
Family name (Las	st name)						
First name							
Maiden name, if a	applicable						
2. Date of Birth day month year	day month		4. Email Address:	5. Nationality	6. Sex Male Female		
7 FACULTY	:	8. CURREN	NT POST/POSITION	9. POST TO BE PROMOTION.	CONSIDERED FOR		
DEPARTMENT:		Contract Exp	piry date:				
CAMPUS:							
10. STATEMENT OF THE OF THE UNIVERSITY		APPLICANT	S FAITH AND UNDERS	STANDING OF THE CHI	RISTIAN IDENTITY		

11. EDUCATION : Give full detail and technical training and other sp	ils in chronologic ecialized courses	al order of the ed Give the exact 1	ucational institutions you have atte	nded, including apprenticeship rees, diplomas, etc.
N C C C C	Da	ates	Certificates, diplomas or degrees and	Main subjects
Name of institution	From	То	academic distinctions and date obtained	
12. List membership of professio	nal bodies and a	ctivities in civic,	public or international affairs	<u>I</u>

13. List and attach a minimum of three significant publications completed since appointment or last promotion.

14. STATEMENTS OF:	
a) CURRENT RESEARCH INTERESTS,	
L) ON GOING PEGEA PGW PROVEGEG	
b) ON GOING RESEARCH PROJECTS,	
c) EDITORIAL/RESEARCH/PROJECTS DONE	
d) OTHER ACADEMIC ACTIVITY	
	4

employment. Use add	litional sheet of paper as		ce in the armed forces as	er every employment you have had. Use a separate block for each any period of unemployment. Include in particular information
		PRESENT	EMPLOYME	ENT
From	То	Total annual remunera	ntion	
Month/Year	Month/Year	Starting (gross)	Most recent (gross)	Exact title of your post
Tronds Tour	Tronds Tour	Starting (gross)	Most recent (gross)	Same and or your poor
Name and address of	your employer		Tax	Name of supervisor
			Net	
			INCL	
Type of business				Number and kind of employees supervised by you
Description of your du	ution			
Description of your di	uties			
Reasons for having or	wishing to leave			
<u> </u>	<u> </u>			
		PRE	VIOUS EMPLOY	MENT
From	То	Total annual remunera	ntion	
Month/Year	Month/Year	Starting (gross)	Most recent (gross)	Exact title of your post
Name and address of	Vour employer		Tax	Name of supervisor
Traine and address of	your employer			Thank of supervisor
			XX .	
			Net	
Type of business				Number and kind of employees supervised by you
Description of your du	utiae			
Description of your de	uties			
Reasons for leaving				
From	То	Total annual remunera	ntion	
Month/Year	Month/Year	Starting (gross)	Most recent (gross)	Exact title of your post
Name and address of	vour employer		Tax	Name of supervisor
Name and address of	your employer		lax	ivanie of supervisor
			Net	
Type of business				Number and kind of employees supervised by you
Type of business				rumoer and kind of employees supervised by you
Description of your du	uties			<u>I</u>
*				

Reasons for leaving					
		1			
From	То	Total annual re			
Month/Year	Month/Year	Starting (gross) Most recent (gross)	Exact title of yo	our post
Name and address of	your employer		Tax	Name of superv	visor
			Net		
Type of business				Number and ki	nd of employees supervised by you
Description of your of	luties			•	
Reasons for leaving					
16 Pafarancas: 1	ist three persons	not related to vo	u who are familiar with	vour character	and qualifications and who may be contacted
for a reference	ist till ee persons	not related to yo	ou who are familial with	your character a	and quantications and who may be contacted
Tot a reference					
Full name Full address, telephone number Business or occupation				Business or occupation	
		and e-mail addre	SS		
					1

17. State any other relevant facts in support of your application.
18. Briefly indicate Service to the community in areas such as Christian faith-based activities, encouragement of students and involvement in Uganda Christian University community devotion life, positive encouragement and counseling of students and
involvement in a local church
COMMENT(S) BY THE HEAD OF DEPARTMENT:
NAMES:
Place and date:
information may provide grounds for the withdrawal of application request
Place and date: Signature: Signature: