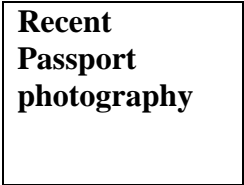


UGANDA CHRISTIAN UNIVERSITY

Application for spousal Tuition Fees Exemption

(Please fill two forms)



Employee Details:

Name of Employee

DepartmentDesignation.....

Spousal Details:

Name of spouse

Relationship to Employee
(A copy of the marriage certificate)

Date of birth

Programme admitted to
(Please attach a copy of the admission)

Duration of the programme.....commencement Date
(Number of Years)

Total Tuition cost (per semester)

N.B

- I. The university will commit to exemption of fees for the normal duration of the programme*
- II. Only recent passport -size photography of the spouses shall be accepted**
- III. Only spouses for full-time employees shall be accepted**

I certify that the information given is correct and I pledge to abide by the conditions of this scholarship.

Spouse's signatureDate

Employee's signatureDate.....

Verification &approval:

Verified by.....Date.....
(Human resource office)

Verified byDate.....
Deputy vice chancellor (academic affairs)

Approved byDate.....
Deputy vice chancellor (finance & administration)

c.c vice chancellor