EAST AFRICAN LEADERSHIP INSTITUTE

Knowledge to build the future

REGISTRATION FORM

Academic year: ____ / ____ - Campus: Muyinga / Ngozi / Kayanza

1. DESIRED PROGRAMME

Faculty / Programme : _____

Level : _____ Origin section : _____

Last school attended : _____

2. APPLICANT IDENTITY

Last name : _____ First name : _____

Date of birth : _____ Place of birth : _____

Country of origin : _____ Phone : _____

Email address : _____

3. ACADEMIC BACKGROUND

Last diploma : _____ Year obtained : _____

Previous institution : _____

State exam reg. no. : _____ Exam year : _____

Marks / Percentage obtained : _____

4. CONTACT PERSON

Contact name : _____ Phone : _____

Relationship to applicant : _____

5. DOCUMENTS TO ATTACH

- ☐ Identity document
- ☐ Transcript
- ☐ State diploma (recommended)
- ☐ Motivation letter (optional)
- ☐ Registration fee payment receipt (39,500 Fbu)
- ☐ Bank payment slip (optional)

Done at _____, on ____ / ____ / _____

Applicant signature

Parent / guardian signature