

## **APPLICATION FORM**

## READ THE APPLICATION INSTRUCTIONS BEFORE COMPLETING THIS FORM

COMPLETE ALL APPROPRIATE SECTIONS IN CAPITAL/BLOCK LETTERS AND RETURN WITH YOUR NON-REFUNDABLE APPLICATION FEE (See Fee Schedule) AND OTHER SUPPORTING DOCUMENTS TO:

P.O. Box 5826 Kigali, Rwanda Tel: +250 788125 088 /+250 781655 547

## PLEASE WRITE IN CAPITAL LETTERS

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## **APPLICATION FORM**

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Mount Kigali University Reserves the Right of Admission

More information may be obtained from the Office of the Registrar, Academic Affairs, Mount Kigali University.

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