



FORM LDC 2

**LAW DEVELOPMENT CENTRE
P.O. BOX 7117, KAMPALA**

RECENT
PASSPORT
PHOTOGRAPH
WITH WHITE
BACKGROUND
ATTACH WITH
GLUE

General line: 0417101000
Academic Registrar: 0417101248
E-Mail: info@ldc.ac.ug
Website: www.ldc.ac.ug

APPLICATION FOR ADMISSION TO COURSES

1. Surname:
2. Other names:
3. District:
4. Contact Address:
5. (a) Mobile Tel No: (b) Email:
6. Place of Birth:
7. Date of Birth:
8. Nationality:
9. Gender:
10. Marital Status:
11. Religion:
12. Law Course Applied for (tick one):
a) Post-Graduate Diploma in Legal Practice (Bar Course):
(i) Kampala Campus (ii) Mbarara Campus

LDC reserves the right to post you to either campus. If you have exceptional circumstances that require you to study the Bar Course from a particular campus (family, health etc) please state below and attach documentary proof (marriage or child's birth certificate, medical report etc). Presenting false document will disqualify you from admission. The Bar Course is full time and work commitment does not qualify as an exceptional circumstance:

Exceptional circumstances if any:

b) Post-Graduate Bar Course *Repeating subject – Kampala Campus*
Academic Year: Term:

Subject(s):
.....

c) Diploma in Law *Kampala Campus*: Day: Evening:

d) Diploma in Law (Weekend) *Mbarara Campus*:

e) Diploma in Human Rights (Evening):
(i) Kampala Campus (ii) Mbarara Campus

f) Short Course (Title):

(i) Kampala Campus (ii) Mbarara Campus (iii) Other Regional Centre
(Specify Centre)

• Period of study: From to

13. Present employer (where applicable):
.....

14. Present position (where applicable):
.....

15. Are you being sponsored by your employer (tick one)? Yes No

16. If the answer to question No. 15 is 'Yes' attach evidence of financial commitment by employer.

17. If the answer to question No. 15 is 'No' state your source of funds for tuition at the Centre.

.....

18. Please mention any physical and or psychological disability or impairment that will require special attention during learning and/or examinations (attach evidence from qualified practitioner):

.....
.....

19. Academic Record:

SCHOOL/COLLEGE/UNIVERSITY	FROM	TO	QUALIFICATION OBTAINED

Please attach photocopies of your academic documents and National ID.

20. Name two referees one of whom should be from the last academic institution you attended:

Name of Referee **Title** **Institution**

a)

b)

21. Name, address and telephone No. of two persons to contact in an emergency:

Name of Emergency contact **Address** **Tel No.**

a)

b)

Applicant's Signature: Date:

22. Recommendation by sponsoring Employer/Head of Department/Institution (where applicable):-

Employer:

Signature:

Date:

NB:

- You must attach a photocopy of the receipt of payment of application fee.
- The names should be as they appear on your academic documents. No initials are printed on LDC certificates. All initials must therefore be completed.
- Please return this Application form with attachments to the office of the Academic Registrar, Law Development Centre, P.O. BOX 7117, **Kampala**, Uganda.