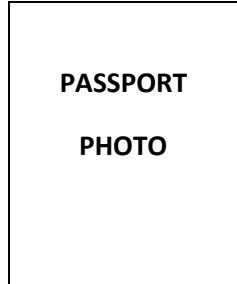




# COUNCIL OF THE PHARMACEUTICAL SOCIETY OF UGANDA

## STUDENT REGISTRATION FORM



1. Name:.....
2. Date of birth:.....
3. Nationality:.....
4. University or Institution:.....
  - a. Country .....
  - b. Physical address & contact.....
  - c. Student Number / University Identification No.....
5. Program:.....
6. Program duration:.....
7. Year of study:.....
8. Date of admission:...../...../.....
9. Qualifications at UNEB A-level (Attach copies)

School	Subjects	Score

10. Qualifications at UNEB O-level (Attach copies)

School	Subjects	Score


- 11. Student's Phone number/contact:.....
- 12. Email:.....
- 13. Signature:.....
- 14. Date:...../...../.....

**FOR OFFICIAL USE ONLY**

- 15. Remarks:.....
- 16. PSU reference number:.....
- 17. Signature and date:.....
- 18. PSU Secretary.....

Filename: PSU DATA FORM-STUDENTS  
Directory: F:\PSU DATA FORMS  
Template: C:\Users\pharmaceuticals\AppData\Roaming\Microsoft\Templates\  
Normal.dotm  
Title:  
Subject:  
Author: psu247  
Keywords:  
Comments:  
Creation Date: 13/01/2014 15:57:00  
Change Number: 22  
Last Saved On: 07/02/2014 15:58:00  
Last Saved By: pharmaceuticals  
Total Editing Time: 101 Minutes  
Last Printed On: 07/02/2014 15:59:00  
As of Last Complete Printing  
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