

PLEASE WRITE OR TICK AS
APPROPRIATE

DATE: _____

**APPLICATION FOR
NUTRITION COURSE IN LIFE SKILLS FOR A BETTER HEALTH
16TH JUNE – 14TH JULY 2012
DEPARTMENT OF FOOD TECHNOLOGY AND NUTRITION
MAKERERE UNIVERSITY**

Name: _____

Gender: Male Female

Age category: 18-30 yrs 31-45 yrs 46-6 yrs

Present physical address: _____

Telephone number: _____

Email address: _____

Present education level: Primary "O" level "A" level Diploma University degree

Signature: _____

The information requested here is for our record purposes only and will be kept confidential

Thank you for your support

THIS PART IS FOR OFFICIAL USE ONLY:

Paid course fees: YES NO

If paid, indicate receipt No: & attach copy of receipt