



## UGME 2019/2020 UNDERGRADUATE APPLICATION FORM FOR MATURE ENTRY CANDIDATES

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**INCOMPLETE APPLICATIONS SHALL NOT BE PROCESSED!**

Attach your  
 passport size photo  
 here

**A. PERSONAL DETAILS**

1. Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_
2. Middle Names: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Maiden Name: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_
4. Nationality: \_\_\_\_\_ Country of Residence: \_\_\_\_\_
- Physical address/Current place of residence: \_\_\_\_\_
5. District of origin: \_\_\_\_\_ T/A: \_\_\_\_\_ Village: \_\_\_\_\_
6. Passport Number: \_\_\_\_\_ Place of issue: \_\_\_\_\_ Date of issue: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**B. PERSONAL CONTACT DETAILS**

Mobile 1:	Mobile 2:
Tel 1:	Tel 2:
Email 1:	Email 2:
Postal address 1:	Postal address 2:

**C. NEXT OF KIN**

7. Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Initials: \_\_\_\_\_ Relationship: \_\_\_\_\_
8. Occupation: \_\_\_\_\_ Organisation: \_\_\_\_\_
9. Next of Kin contact details:

Mobile 1:	Mobile 2:
Tel 1:	Tel 2:
Email 1:	Email 2:
Postal address 1:	Postal address 2:

**D. CANDIDATES WITH SPECIAL NEEDS**

The University encourages you to disclose any disability/medical condition which could disadvantage your ability to study. All offers are made on academic grounds only, and the information you submit will be used to help LUANAR provide appropriate support. Please tick all that apply.

- |                                     |   |
|-------------------------------------|---|
| 1. No Disability                    | 7. Blind/Serious Visual Impairment                        |
| 2. Learning Difficulty              | 8. Wheelchair User/Mobility Issues                        |
| 3. Deaf/Serious                     | 9. Mental Health Condition                                |
| 4. Hearing Impairment               | 10. <input type="checkbox"/> Autistic Spectrum/Asperger's |
| 5. Personal Care Support            | 11. Other disability not listed here                      |
| 6. Unseen Disability: e.g. Diabetes |   |

Please detail other disability or additional support needs:

# Application Form For 2016 Mature Entry At Unima

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Africa. Sub-committee on Mature Age  
Entry**

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## **Table of Contents Application Form For 2016 Mature Entry At Unima**

1. Understanding the eBook Application Form For 2016 Mature Entry At Unima
  - The Rise of Digital Reading Application Form For 2016 Mature Entry At Unima
  - Advantages of eBooks Over Traditional Books
2. Identifying Application Form For 2016 Mature Entry At Unima
  - Exploring Different Genres
  - Considering Fiction vs. Non-Fiction
  - Determining Your Reading Goals
3. Choosing the Right eBook Platform
  - Popular eBook Platforms
  - Features to Look for in an Application Form For 2016 Mature Entry At Unima
  - User-Friendly Interface
4. Exploring eBook Recommendations from Application Form For 2016 Mature Entry At Unima
  - Personalized Recommendations
  - Application Form For 2016 Mature Entry At Unima User Reviews and Ratings
  - Application Form For 2016 Mature Entry At Unima and Bestseller Lists
5. Accessing Application Form For 2016 Mature Entry At Unima Free and Paid eBooks
  - Application Form For 2016 Mature Entry At Unima Public Domain eBooks
  - Application Form For 2016 Mature Entry At Unima eBook Subscription Services

- Application Form For 2016 Mature Entry At Unima Budget-Friendly Options
- 6. Navigating Application Form For 2016 Mature Entry At Unima eBook Formats
  - ePUB, PDF, MOBI, and More
  - Application Form For 2016 Mature Entry At Unima Compatibility with Devices
  - Application Form For 2016 Mature Entry At Unima Enhanced eBook Features
- 7. Enhancing Your Reading Experience
  - Adjustable Fonts and Text Sizes of Application Form For 2016 Mature Entry At Unima
  - Highlighting and Note-Taking Application Form For 2016 Mature Entry At Unima
  - Interactive Elements Application Form For 2016 Mature Entry At Unima
- 8. Staying Engaged with Application Form For 2016 Mature Entry At Unima
  - Joining Online Reading Communities
  - Participating in Virtual Book Clubs
  - Following Authors and Publishers Application Form For 2016 Mature Entry At Unima
- 9. Balancing eBooks and Physical Books Application Form For 2016 Mature Entry At Unima
  - Benefits of a Digital Library
  - Creating a Diverse Reading Collection Application Form For 2016 Mature Entry At Unima
- 10. Overcoming Reading Challenges
  - Dealing with Digital Eye Strain
  - Minimizing Distractions
  - Managing Screen Time
- 11. Cultivating a Reading Routine Application Form For 2016 Mature Entry At Unima
  - Setting Reading Goals Application Form For 2016 Mature Entry At Unima
  - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Application Form For 2016 Mature Entry At Unima
  - Fact-Checking eBook Content of Application Form For 2016 Mature Entry At Unima
  - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
  - Utilizing eBooks for Skill Development
  - Exploring Educational eBooks
- 14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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