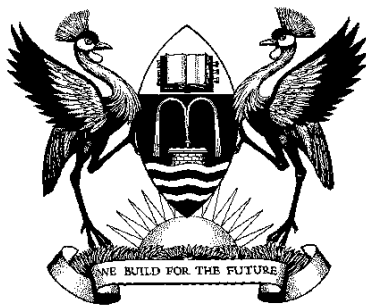


# MAKERERE

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# UNIVERSITY

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## COLLEGE OF AGRICULTURAL AND ENVIRONMENTAL SCIENCES Office of the Principal

### APPLICATION FORM FOR AGROSTUDIES APPRENTICESHIP IN ISRAEL (2021-2022)

1. Full name: .....
2. Nationality: ..... Sex: ..... Age: .....
3. District of origin: .....
4. Telephone number (For calls): ..... Tel (WhatsApp): .....
5. Email address: .....
6. Next of kin (Name): ..... Relationship: .....
7. Telephone number for next of kin: .....
8. University: ..... Degree program registered for: .....
9. Year of study: ..... CGPA: .....
10. Do you have any retakes? .....
11. If you have retake(s), how many and in which year(s)?  
.....
12. Do you have a passport? ..... [*Passports will be processed for those who do not have at a fee of UGX 250,000/= (USD 71)*]
13. If you have a passport, indicate the Passport number and expiry date(Attach copy of data page):

Passport number ..... Expiry date .....

14. Do you have any physical or other disability that would interfere with your involvement in farm work? ..... What kind of disability?  
.....

15. Are you willing to participate in intensive physical fitness training prior to departure for Israel? .....

16. Do you have any criminal record? .....

17. Can you raise the USD 850 required for air ticket, processing travel documents and medical examination by MONDAY AUGUST 16<sup>th</sup>, 2021? .....*(Medical examination will be done at the Makerere University Hospital to screen for COVID, HIV, TB, chest X-Ray, Hepatitis B & pregnancy for female students. COVID vaccination will be done upon arrival in Israel.)*

**STUDENT CONSENT:** I agree to adhere by the conditions of the apprenticeship and consent to withdraw from my academic program for one academic year, which will be re-done when I return from Israel. I also commit myself to return back to Uganda immediately after the apprenticeship has ended. I confirm that my parent/guardian has consented to my participation in the apprenticeship (Please attach of national identity card for parent/guardian)

Name: ..... Signature: .....

Date: .....

**PARENTAL/GUARDIAN CONSENT:** I agree to my son/daughter withdrawing from his/her academic studies for one year to participate in the apprenticeship program in Israel.

Name: ..... Relationship: .....

Signature: ..... Telephone number: .....

Date: .....