

SCHEDULE 2  
FORMS  
THE ACCESS TO INFORMATION ACT, 2005  
THE ACCESS TO INFORMATION REGULATIONS, 2011  
REQUEST FORM

*(Please use a separate request form for each document requested)*

1. Name of public body  
*(Please state the title of the institution from which you are requesting access to a record)*

KAMPALA INTERNATIONAL UNIVERSITY  
(K.I.U)

2. Name of requester

EDWARD RONALD SEKYEWA,  
HUB FOR INVESTIGATIVE MEDIA (H.I.M).

3. Particulars of requester

*(Please indicate the address to which correspondence related to your request should be sent)*

Postal Address: P. O BOX 29285 KAMPALA  
Physical address: BOMBO ROAD, KAMPALA  
Plot No.: PLOT 28/30  
Street: BOMBO ROAD  
Town/City: KAMPALA  
Telephone No: 0775-18 55 98  
Fax No: -  
Email address: edwardronalds16@gmail.com  
Other: -

4. Description of record  
(Please state all the information available to you which will assist in processing your request)

Name/Type of document  
(If known)

STUDENTS IN K.I. U UNDER THE STATE  
HOUSE SCHOLARSHIP SCHEME

Reference/File No.  
(If known)

5. Contents of document  
(Give brief description)

A LIST OF ALL STUDENTS THAT ARE FUNDED  
UNDER THE STATE HOUSE SCHOLARSHIP SCHEME  
INCLUDING WHAT COSTS ARE COVERED BY  
THE SCHOLARSHIP, FOR EACH STUDENT, AND  
DATE OF COMMENCEMENT AND EXPIRY OF THE GRANT.


6. Other  
(Please state any other details that may be relevant to the processing of the request)

7. I would like to:  
(Please check the relevant options)

- (a) Inspect the record
- (b) Listen to the record
- (c) View the record
- (d) Have copies made available to me in the following format:-
  - i. Photocopy
  - ii. Compact disc
  - iii. Diskette
  - iv. USB mass drive
  - v. Transcript
  - vi. Other (please specify); and
- (e) Other (please specify)

8. Number of copies required: ..... 1 COPY .....

9. Request on behalf of another person

Signature of requester: .....  .....

Date: ..... 2<sup>ND</sup> MAY 2013 .....