

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)

MAKERERE UNIVERSITY, KAMPALA  
UGANDA

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.

28/30

Street

BOMBO ROAD

Town/City

KAMPALA

Telephone No.

0775-1855 98

Fax No.

Email address:

edwardronalds16@gmail.com

Other:

144

Received on  
18/06/13.

Office of the Vice  
Chancellor

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 MAKERERE UNIVERSITY FUNDED UNDER  
THE STATE HOUSE SCHOLARSHIP SCHEME GRANTS.

Reference/File No.  
(If known)

5. Contents of document  
(Give brief description)

A LIST OF ALL STUDENTS IN MUR THAT ARE  
FUNDED UNDER THE ABOVE-MENTIONED SCHEME  
INCLUDING THE COSTS THAT ARE COVERED BY  
THE GRANTS, DATES OF COMMENCEMENT AND  
EXPIRY OF THE GRANTS FOR EACH STUDENT.

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 .....