



STUDENT APPLICATION FORM



IDENTIFICATION OF THE STUDENT

Reg No None

First Name Yubu Last Name ELIE

Date Of Birth July 18, 2005 Gender m

Marital Status single

Spouse N/A Spouse Tel None

Email elieyubu@gmail.com

Phone **0793213720**

Country Rwanda

 ID Card
 1200580178169071

 Place Of Issue
 EAST/NGOMA/KAZO

Father Names HABIMANA Tel None

Mother Names NYIRANDORIMNA Tel None

Fausta

Emergency Person **MUTUYUBUTATU** Emergency Phone **0795108042**

Bruce

Birth Province **East** Birth District **Ngoma**

Residential Province **East** Residential District **Ngoma**

Residential Sector Kazo Residentil Cell Birenga

Residential Village Murindwa

Employer None

Disability

INSTITUT CATHOLIQUE DE KABGAYI





EDUCATION BACKGROUND

Secondary School GS GAHURIRE/TSS

Date From 2023 Date To 2025

Combination Software Index number 560409SOD0052025

Development(SOD)

Certificate A2 Average Marks 80.67%

Principal pass N/A

Awarding Institution NESA

Attended University N/A

Date From None Date To None

Program/Department None

ACADEMIC INFORMATION

Session day Intake september

Category Bachelor

Program/Department Journalism

Faculty JOURNALISM AND COMMUNICATIONS STUDIES

Option None

Year Of Study **0** Level **None**

Academic Year 2025-2026

Application Date Sept. 5, 2025