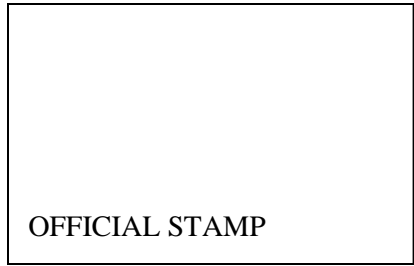




THE CATHOLIC UNIVERSITY OF ZIMBABWE



Undergraduate Application Form

Please complete all sections of the form in **BLOCK CAPITALS**. Use **BLACK** or **BLUE INK ONLY**

Degree choice

(tick one) STUDY MODE (tick)

Bachelor of Business Management & Information Technology Honours

Bachelor of Arts Dual Honours

Bachelor of Theology Honours

B.A Block Release Program

Full Time:

Parallel:

Block:

Short Course choice

Certificate in Project Management, Monitoring and Evaluation.

Certificate in Peace Building Studies.

Certificate in Church Administration and Counselling.

Certificate in Computer Literacy

Certificate in NGO Management

Certificate in Sustainable Business Management

Certificate in Management of Labour Relations.

Certificate in Quality Assurance and Management.

SECTION 1: APPLICANT DETAILS

1.1 TITLE (MR/MRS/MISS/MS) : _____

1.2 SURNAME:

	L	A	S	T		N	A	M	E										
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1.3 FIRST NAME:

B	I	R	T	H		E	N	T	R	Y		N	A	M	E	(S)			
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1.4 MARITAL STATUS: MARRIED SINGLE WIDOWED DIVORCED

1.5 GENDER: MALE FEMALE (tick)

1.6 CITIZENSHIP:

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1.7 NATIONAL I.D NUMBER:

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1.8 DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
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4. ACADEMIC QUALIFICATIONS

*(APPLICANTS **MUST** SUBMIT **CERTIFIED COPIES OF ALL CERTIFICATES**)

4.1 ‘O’ LEVEL

SECONDARY SCHOOL ATTENDED _____

D	D	M	M	Y	Y	Y	Y	T	O	D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SUBJECT	EXAMINATION BOARD	DATE OF EXAM	GRADE/RESULT
		DDMMYYYY	
		DDMMYYYY	
		DDMMYYYY	
		DDMMYYYY	
		DDMMYYYY	
		DDMMYYYY	
		DDMMYYYY	
		DDMMYYYY	

4.2 “A” LEVEL QUALIFICATIONS

SECONDARY SCHOOL ATTENDED: _____

D	D	M	M	Y	Y	Y	Y	T	O	D	D	M	M	Y	Y	Y	Y
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SUBJECT	EXAMINATION BOARD	DATE OF EXAM	GRADE/RESULT
		DDMMYYYY	
		DDMMYYYY	
		DDMMYYYY	
		DDMMYYYY	

4.3 OTHER POST ‘O’ LEVEL QUALIFICATIONS:

SUBJECT	AWARDING BOARD	DATE OF EXAM	GRADE/RESULT
		DDMMYYYY	
		DDMMYYYY	
		DDMMYYYY	
		DDMMYYYY	

5. FINANCIAL SUPPORT

5.1 WILL YOU (OR YOUR GUARDIAN) BE ABLE TO PAY YOUR UNIVERSITY TUITION FEES? YES NO

IF YES NAME OF INDIVIDUAL RESPONSIBLE FOR PAYING TUITION FEES

PHONE:

+																			
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E-MAIL: _____

5.2 WILL YOU APPLY FOR A GOVERNMENT SUPPORTED LOAN? YES NO

IF YES NAME OF INDIVIDUAL WILLING TO BE A GUARANTOR

NAME: _____

PHONE: _____

5.3 OTHER SPONSORSHIP (PLEASE SPECIFY) _____

6. EMPLOYMENT HISTORY (MOST RECENT POST 'O' LEVEL ONLY)

NAME & ADDRESS OF EMPLOYER	POSITION HELD	DATE(from) (DDMMYYYY)	DATE(to) (DDMMYYYY)

7. REFERENCES

Give the names of **TWO** (2) referees willing to provide you with character references.

*Name: _____
Address: _____
*Phone: _____

*Name: _____
Address: _____
*Phone: _____

8. DECLARATIONS

We confirm that information provided in this form is accurate to the best of our knowledge

SIGNED _____ SIGNED _____
APPLICANT LEGAL GUARDIAN

DATE _____ DATE: _____

FOR OFFICIAL USE ONLY

DATE RECEIVED:

D	D	M	M	Y	Y	Y	Y
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RECEIPT NO:

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APPLICATION NO: _____

MARITAL STATUS: _____ ENTRY TYPE: _____

CERTIFICATES RECEIVED		
	YES	NO
BIRTH CERTIFICATE		
NATIONAL ID		
"O" LEVEL		
"A" LEVEL		