

THE CATHOLIC UNIVERSITY OF ZIMBABWE



POST GRADUATE ADMISSION APPLICATION FORM GLOBAL MBA FOR IMPACT ENTREPRENEURSHIP PROGRAMME

1. INTRODUCTION

To be considered for selection by the MBA Admissions Committee, each applicant must therefore submit a complete set of application material as listed below, which must be received by the Post Graduate Studies Office.

Please note that incomplete applications will not be considered and will result in the applicant being disqualified.

A complete application consists of:

1. Completed Application information form
2. Certified copies of academic Transcript(s) (not degree certificate) from each university, or an equivalent Professional qualification held and recognized form of identification (i.e., Passport/National ID).
3. Essay or statement of work or business experience and career objectives (1 page).

Offers of admission to the Global MBA in Impact Entrepreneurship Programme are based solely on the above criteria.

Admissions correspondence to be addressed to:

Post Graduate Studies Office
Catholic University of Zimbabwe
18443 Cranborne Avenue
P. Bag H200 Hatfield
Harare
+26304570169/570570
+263775687471

www.cuz.ac.zw, postgraduatestudies@cuz.ac.zw, info@cuz.ac.zw, marketing@cuz.ac.zw

2. DETAILS OF APPLICANT

Please type or print clearly in blue/black ink and complete all sections.

- 1. Title (Please tick) Mr. Mrs. Ms. other please specify _____
- 2. Surname
- 3. First Name (s)
- 4. Maiden name (if applicable)
- 5. National ID/Passport Number
- 6. Sex (Please tick) Male Female
- 7. Date of Birth
- 8. Place of Birth
- 9. Period of residence in Zimbabwe
- 10. Country of Permanent Residence
- 11. Address of correspondence
- 12. Home Address
- 13. Home Telephone
- 14. E-mail Address
- 15. Business Phone
- 16. Mobile Number
- 17. If you have previously registered with the Catholic University of Zimbabwe
Please indicate year
- 18. And registration Number

3. QUALIFICATIONS

Applicants must provide certified copies of their full academic transcripts/records.

3.1. Academic Record

List all post-secondary qualifications, the most recent first

Qualification Received	Institution	Year of Completion

3.2. Professional Achievements

Awards received, membership of professional bodies, articles published, papers presented, etc.

3.3. Work Experience

Position	Employer	Dates
		-
		-
		-
		-
		-
		-
		-
		-

4. REFEREES

The applicant must provide names and addresses of three referees who can report on his/ her suitability for enrolment in the MBA in Impact Entrepreneurship Programme.

Name: _____

Relationship to Applicant: _____

Physical Address: _____

Cell/ Phone Number: _____ Email Address: _____

Name: _____

Relationship to Applicant: _____

Physical Address: _____

Cell/ Phone Number: _____ Email Address: _____

Name: _____

Relationship to Applicant: _____

Physical Address: _____

Cell/ Phone Number: _____ Email Address: _____

5. DECLARATION

I wish to be considered for enrolment in the Global MBA in Entrepreneurship programme at the Catholic University of Zimbabwe. I declare that the information supplied on this form is correct and complete. I understand that the University reserves the right to vary or reverse any decision based on incorrect or incomplete information.

Signature of Applicant..... **Date**...../...../.....

FOR OFFICIAL USE ONLY

REGISTRATION DOCUMENTS

Date Received...../...../.....

Application fee payment confirmation

Receipt No:

Date...../...../.....

SUBMISSIONS

Stamp

- 1. Transcript(s)
- 2. Essay/Statement
- 3. Identification

