



OFFICIAL STAMP

# THE CATHOLIC UNIVERSITY OF ZIMBABWE

## Application Form

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

(Tick Choice): Short Course ☐ Diploma ☐ Undergraduate Degree ☐ Postgraduate Degree ☐

STUDY MODE (tick) Full Time/Conventional: ☐ Full Time/Parallel: ☐ Block: ☐ Weekend: ☐

(Tick One) Faculty: FCIT ☐ FESSH ☐ FTERP ☐ FGSRI ☐

Complete Course Name:

### SECTION 1: (APPLICANT DETAILS)

1.1 TITLE (MR/MRS/Ms/Miss/Dr/Prof): .....

1.2 SURNAME (S):

1.3 FIRST NAME:

1.4 MARITAL STATUS: MARRIED ☐ SINGLE ☐ WIDOW ☐ DIVORCED ☐

1.5 GENDER: MALE ☐ FEMALE ☐ (tick)

1.6 CITIZENSHIP:

1.7 NATIONAL I.D NUMBER:

1.8 DATE OF BIRTH

1.9 COUNTRY OF BIRTH

PLACE OF BIRTH: CITY / TOWN

1.10 PHYSICAL ADDRESS:

1.11 PHONE:

+																			
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1.12 E-MAIL:

.....

1.13 RELIGION & DENOMINATION: .....

1.14 HEALTH:

Do you suffer from any physical or other disabilities for which special arrangements would be required at the University? If yes give details. Yes ☐ No ☐ (delete inapplicable)

1.15 Referred by:

Phone:

+																			
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## 2. LEGAL GUARDIAN DETAILS

### (GUARDIAN)

2.1 NAME AND SURNAME:

CONTACT NUMBER(S)

ADDRESS

RELATIONSHIP: .....  (Legal Guardian)  (Date signed)

## 3. NEXT OF KIN DETAILS

3.1 NAME AND ADDRESS:

3.2 PHONE:

..... (Next of kin)  (Date signed)

## 4. ACADEMIC QUALIFICATIONS

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

### 4.1 'O' LEVEL

SECONDARY SCHOOL ATTENDED \_\_\_\_\_

TO

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	YY	To	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:

EXAM LEVEL:

OTHER POST-LEVEL QUALIFICATIONS:		EXPIRY DATE:	
QUALIFICATION	AWARDED BY	DATE COMPLETED	GRADE/RESULT
		DDMMYYYY	
		DDMMYYYY	
		DDMMYYYY	
		DDMMYYYY	

## 5. FINANCIAL SUPPORT

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

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PHONE:

[illegible]

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)

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)

## REFERENCES

Give the Names of **TWO** (2) referees willing to provide you with a 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 \_\_\_\_\_

APPLICANT

SIGNED \_\_\_\_\_

LEGAL GUARDIAN

DATE \_\_\_\_\_

DATE: \_\_\_\_\_

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## **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: \_\_\_\_\_

## CERTIFICATES RECEIVED

	YES	NO
BIRTH CERTIFICATE		
NATIONAL ID		
“O” LEVEL		
“A” LEVEL		