



UNDERGRADUATE ADMISSION APPLICATION FORM

NB: First read the NOTES in Section 5 and then complete all sections of the form but DO NOT write in the boxes which are for official use only. Print this document clearly in block letters in the blank boxes and on the dotted lines as required. **PAYMENT CAN BE MADE AT THE BANK.**

NAME OF DEGREE PROGRAMME (a) 1st Choice-----

(b) 2nd Choice.....

(c) 3rd Choice.....

HOW DID YOU KNOW ABOUT WOMEN'S UNIVERSITY IN AFRICA?

Newspaper TV Friend Other

Session : DAY EVENING WEEKEND HOLIDAY/BLOCK

1.0 PERSONAL DETAILS

1.1 SURNAME (S) -----

1.2 TITLE: MR/MRS/MS/DR/MISS/REV/SR-----

1.3. FORENAME (S) -----

1.4. DATE OF BIRTH e.g. Day (20) Month (01) Year (1952)

D	D	M	M	Y	Y	Y	Y

1.5 MARITAL STATUS e.g. Married (M); Sing (S); Dived (D); Wided (W)

1.6 PREVIOUS SURNAME (if any) -----

1.7 PLACE OF BIRTH -----

1.8 SEX: Male (M); Fee (F)

1.9 NATIONAL ID NUMBER----- (Attach certified copy of ID)

1.10 NATIONALITY-----

1.11 RELIGION -----

1.12 ARE YOU A PERMANENT RESIDENT OF ZIMBABWE? Yes (Y); No (N) -----

IF 'NO' WHAT PERMIT DO YOU HOLD, IF ANY? ----- (Attach certified copy)

1.13 CITIZENSHIP -----

1.14 PERIOD/YEARS OF RESIDENCE IN ZIMBABWE -----

1.15 (a) HOME ADDRESS (b) POSTAL ADDRESS

TELEPHONE NUMBERS: HOME -----
BUSINESS-----

CELL NO----- E-Mail Address -----

2.0 FOR OFFICIAL USE ONLY

Birth Certificate

Marriage

ID

'O'

'A' Level

Other.------(Specify)

2.1 DATE OF RECEIPT -----

2.2 RECEIPT NO-----

2.3 AMOUNT-----

2.4 APPLICATION AND TYPE OF ENTRY

APPLICATION NO-----

SPECIAL -----

MATURE -----

REPEAT -----

2.5 DATE OF DISPATCH -----

2.6 DATE RECEIVED -----

3.0 QUALIFICATIONS

3.1 Academic Qualifications

School/Institution Level Year Completed

3.2 Professional Qualifications (Certificates/Diplomas attained)

Name of Institution Qualification Awarded Year Completed

NOTE: Certified copies of academic transcripts/certificates must be attached

3.3 Employment History (last three employers where possible)

Name of Company	Duration	Position

NOTE: A detailed CV should also be attached

4.0 FINANCING YOUR STUDIES

4.1 Applicants must ensure that they have the necessary finance to pay the full fees on registration day. No students will be allowed to register at the University unless they have the necessary fees.

4.2 **Sponsorship**

4.2.1 **Self financing Students**

Name & Address of Present Employer -----

Duration of employment-----

Current Salary ----- *(Please Attach Pay slip)*

4.2.2 **Sponsored students**

Name and address of sponsor/guardian -----

Full sponsorship/Partial Sponsorship. *(Delete Inapplicable)*

If Partial Sponsorship state amount -----

NB: Please attach letter of sponsorship.

5.0 NOTES TO ALL APPLICANTS

5.1 All applicants must complete all sections of the application form carefully and legibly. If the University discovers that any information submitted by the applicant is false, the University will reject that application and may refer the matter for legal action.

5.2 All applicants must endorse at the bottom of this page that they have understood these notes given below and that they agree to their application being considered under the conditions outlined below.

5.3 Applicant should submit this form to the **Admissions Office, Women's University in Africa, 549 ARCTURUS ROAD ,MANRESA**

5.4 All applicants MUST submit with this form, certified photocopies (not originals) of all qualifications/certificates referred to in the application, including birth certificate and National Identify Document. The copies of the certificates must be verified by a Commissioner of Oaths or Head/Principal of the institution at which the examinations were taken.

5.5 (a) Applicants must give careful thought to their choice of degree programme in relation to the entry requirements for that programme. No change of programme will be entertained.

(b) Applicants who are in doubt regarding the selection of preference should seek advice from the Admissions Office before completing the application form.

6.0 NAME AND ADDRESS OF TWO REFEREES

6.1-----	6.2-----
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7.0 CHECKLIST

- | | | |
|-----|---|--------|
| 7.1 | HAVE YOU COMPLETED SECTIONS 1, 3, 4, 6, 7 & 8 (Delete the inapplicable) | YES/NO |
| 7.2 | HAVE YOU SIGNED THE FORM? | YES/NO |
| 7.3 | HAVE YOU FILLED IN YOUR CORRECT DATE OF BIRTH? | YES/NO |
| 7.4 | HAVE YOU ENCLOSED A CERTIFIED COPY OF YOUR | |
| | (i) BIRTH CERTIFICATE? | YES/NO |
| | (ii) NATIONAL IDENTITY CARD? | YES/NO |
| | (iii) 'O' LEVEL CERTIFICATE? | YES/NO |
| | (iv) 'A' LEVEL CERTIFICATE? | YES/NO |
| | (v) OTHER CERTIFICATE(S) (Specify) | YES/NO |
| | (vi) C.V | YES/NO |

N.B: IF YOUR ANSWER TO ANY OF THE ABOVE QUESTIONS IS 'NO', PLEASE EXPLAIN

8.0	ARE YOU A WUA STAFF DEPENDANT?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	ARE YOU A WUA STAFF MEMBER?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

9.0 ANY SPORTING ACTIVITY.....INDICATE IF APPLICABLE

I DECLARE THAT THE INFORMATION I HAVE GIVEN IS CORRECT, AND THAT SHOULD IT BE FOUND TO BE FALSE, MY APPLICATION WILL BE DISQUALIFIED AND I WILL FACE LEGAL ACTION.

N.B BEFORE YOU SIGN AND DATE THIS FORM, PLEASE CHECK THAT YOU HAVE COMPLETED EACH SECTION AND THAT THE INFORMATION IS CORRECT. WUA has no agents or third parties who sell application forms on behalf of the University. ALL payments should be made directly to Women's University in Africa.

APPLICANT'S SIGNATURE: ----- **DATE**-----/-----/-----