

## GWANDA STATE UNIVERSITY SHORT COURSE/MODULE ADMISSION APPLICATION

20	
ZU	
_	 

N.B: First read the NOTES on the next page, then complete all sections of the form but do NOT write in the boxes which are for official use only. Print clearly in ink on the blank spaces and on the dotted lines as required.

RETURN FORM WITH PROOF OF PAYMENT BY EMAIL TO admissions@gsu.ac.zw OR PHYSICALLY AT THE EPOCH MINE CAMPUS OR JAHUNDA HALL, GWANDA TOWN.

PE	RSONAL DATA	A																					
I.D	. No.																						
SUI	RNAME																						
			<i>-</i>		<i>-</i>																		
1.1 TI	ITLE (e.g. MR./I	MRS./MISS	/DR./	/MS./	/REV	'./SR.)																	Щ
_	RENAMES As on birth Certif	ficate)																					
PR	EVIOUS SURN	AME																					
	RITAL STATUS X (Male(M); Fer		ed (N	M) Siı	ngle(	S)																	
1.8 N	NATIONALIT	Υ																					
1.9 C	CITIZENSHIP	·																					
1.11 1.12	ARE YOU A PE  IF NOT: WHA PERIOD OF F  DATE OF E PLACE OF DO YOU SUF SPECIAL AR	AT PERMIT RESIDENCI BIRTH (e.e BIRTH FER FROM	DO NE IN 2 g. D I	YOU ZIMB Pay ( Y PH	HOL BABW (15)	D? VE Month	 1 (04  R OTI	)Yea 	r(198	 37)  BILIT	IES I	 FOR	 WH	ICH		D	D	M	M	IGN Y	Y	Y	Y
2 (	IF YES, GIVE																						
	CONTACT DET	AILS																					
	CONTACT ADDRESS																						
	TELEPHONE N	NUMBERS	CE	ELL F	PHOI	NE	ОТІ	HERS	<b>3</b>														
	EMAIL								SO	CIAI	_ ME	DIA	ADD	RES	SS								
	ADDRESS																						

_	SPONSO												
	SELF	OTHE of sp	RS (plonsors	ease stat hip)	e organisation &	nature							
4.	ADMISS CHOICE			MENTS OURSE/N	IODULE								
					ourses/modules	on offer	and indica	te you	r choice of co	urse/module			
	PREFE	RRED	SHORT	COURSE	E/MODULE								
1.													
2. 3.													
3.													
	riod of att				IICH RESULTS A				start year (e	g.2010)			
N	D MONTH	ATE YE	AR	EXAM (e.g	chronological orde NING BODY . ZIMSEC; :ambridge)	(6	LEVEL e.g. O,M,A,		SUBJE		RESULT/ GRADE		
TF	RTIARY	INSTITI	JTIONS	ATTENI	DED				<u>I</u>				
		TUTION ST,GSU,	PEF S	RIOD OF TUDY 003-2006)	PROGRAMME OF STUDY e.g. BA,BSc, ND		MAJOR JBJECTS		DEGREE/ DIPLOMA ASSIFICATION FAPPLICABLE)	DATE AWARDED (YEAR)	OFFICE USE		

8.	_	ME AND A											2	2									
	PROSPECTIVE SPONSORS  (e.g Self, Student Loan or other organisation)																						
		ARE YOU A GWANDA STATE UNIVERSITY STAFF DEPENDENT?													<u>I</u>			YI	ES (Y)	N	O (N)		
	ARE	ARE YOU A GWANDA STATE UNIVERSITY STAFF MEMBER?																Y	ES(Y	) N	O (N)		
9.	IMPOR	TANT NO	TICE																				
	a.	. 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.														ıl							
	b. c.	The completed application form accompanied by certified copies of birth certificate, marriage certificate (where applicable), national identity document and educational certificates. NB: Do not attach original documents/certificates.  ENGLISH LANGUAGE COMPETENCY (For applicants from a non-English speaking background). Applicants are advised that English is the language of instruction at Gwanda State University.																					
	0.														-								
	d.	All applicants must endorse that they have understood the terms of this application and that they agree to their application being considered under the conditions outlined.												on									
	е	Applicar Filabusi,			ubmit 1	this fo	orm to	the S	Senior	Assi	istant	Regis	trar,	Admis	ssions	and	Stud	dent l	Recor	ds O	ffice,	P.O.E	30x 30
10.	FINAN	CE Applican sponsors					have t	the ne	ecessa	ary fir	nance	es to pa	ay or	ı regis	tratio	n. It is	s the	stude	ents' re	espoi	nsibilit	ty to s	ecure
SIG	SNATURI	E OF APP	LICAN	т												D	ATE						
							FC	OR O	FFICI	IAL (	USE	ONL	1										
CERTIFICATE RECEIVED/VERIFIED BIRTH I. D MARRIAGE 'O' LEVEL												RECEIPT:  ACKNOWLEDGED  REF.REQUESTED  SCHOOL  COLLEGE											
SCH	.EVEL 100L VERSIT\	<b>'</b>													RI Sc	THEF EFS F CHOC OLLE	RECE DL	EIVE	)	 		H	
NOF	RMAL			REGI	STRAT	ION DO	OCUME	ENT:							0	THER	₹			į			
SPE	CIAL																						
OFF	ICE SIGN	IATURE:						Δ	٩PF	) V	No.	•											