



# UNIVERSITY OF ZIMBABWE



## POSTGRADUATE ADMISSION APPLICATION FORM

**N.B.:** First read the **NOTES** on Page 2 Section 3 then complete all sections of the form. Print clearly in ink in the blank boxes and on the dotted lines as required.

### 1. PERSONAL DATA

- 1.1 SURNAME(S)  (as on birth certificate or marriage certificate)
- 1.2 TITLE (e.g. MR/MRS/MISS/DR/MS/REV/SR): attach marriage certificate.
- 1.3 FORENAME(S)  (as on birth certificate)
- 1.4 PREVIOUS SURNAME
- 1.5 MARITAL STATUS [e.g. Married (M); Single (S); Widowed (W); Divorced (D)]
- 1.6 SEX [Male (M); Female (F)]
- 1.7 NATIONALITY .....
- 1.8 CITIZENSHIP .....
- 1.9 I.D. No. .... (attach certified copy of I.D.)
- 1.10 PERIOD OF RESIDENCE IN ZIMBABWE ..... FOREIGN
- 1.11 DATE OF BIRTH [e.g. Day (15) Month (04) Year (1960)]
- 1.12 PLACE OF BIRTH .....
- 1.13 DO YOU SUFFER FROM ANY PHYSICAL OR OTHER DISABILITIES FOR WHICH SPECIAL ARRANGEMENTS AT UNIVERSITY WOULD BE REQUIRED Yes (Y): No(N)  
IF 'YES' PLEASE GIVE DETAILS .....   
DISABILITY CODE
- 1.14 ARE YOU A PERMANENT RESIDENT OF ZIMBABWE? YES(Y); (NO).  
IF NO, WHAT PERMIT DO YOU HOLD (IF ANY)? (Please include certified copy) .....

### FOR OFFICIAL USE ONLY

#### CERTIFICATES RECEIVED/VERIFIED

BIRTH

MARRIAGE

UNIVERSITY

OTHER

#### APPLICATION NUMBER

REGISTRATION DOCUMENTS ISSUED .....  
DATE .....

Receipt .....  
Acknowledged .....  
Previous papers .....  
**Sought:**  
Transcript .....  
Ref. (1) .....  
Ref. (2) .....

#### Payment Confirmation

Receipt No. and Date	<input type="text"/>
Amount	<input type="text"/>
Date of Despatch	<input type="text"/>

The information entered in Section 5, Page 4, about present or previous university/college/institution studies must be accurate. If you fail to declare that you have previously attended the University of Zimbabwe, for example, and this later becomes known, your application will be rejected or your registration may be cancelled.

### 3.1. APPLICATION

- (a) All applicants must complete **ALL** the sections of the application form carefully and legibly and should submit this form to the Manager (Student Enrolment and Registration), P.O. Box MP 167, Mount Pleasant, Harare, Zimbabwe.
- (b) A non-refundable application fee of WÜ\$25.00 payable in USD\$ or ZWG\$ equivalent at the prevailing Interbank Rate and USD\$50.00 for International Students.

Submit online application on www.emharc.uz.ac.zw. The application number generated by the system should be written on top of this form.

## WB.2. DOCUMENTS TO ACCOMPANY APPLICATIONS

.....**ALL** applicants must submit **certified copies** of birth certificate, marriage certificates (in the case of married women),  
 ~~~~~National ID, 'O' Level certificate, 'A' Level certificate (i.e. if you have A Levels), Diploma/Degree certificates and tran-  
 ~~~~~scripts

**FAILURE TO SUBMIT ALL THE REQUESTED DOCUMENTS WILL RESULT IN THE DISQUALIFICATION OF APPLICATION.**

### 3.3. FINANCE

You must ensure that you have the necessary finance to pay fees on registration. You will not be allowed to register at the University unless you have paid your fees, or have produced evidence, to the satisfaction of the Bursar, of having the necessary sponsorship.

4. CHOICE OF DEGREE OR DIPLOMA PROGRAMME

4.1 Indicate your choice of degree/diploma programme.

Programme

Code 

|  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |
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4.2 Indicate whether you are applying for full-time or part-time studies by ticking the appropriate box:

FULL-TIME ☐ PART-TIME ☐

**N.B. Need to reside in the Harare area**

At present, nearly all postgraduate programmes, full-time or part-time, require residence in or near Harare.  
There are no distance or correspondence programmes.



**6. PROSPECTIVE SPONSORS**

(e.g. Self, University of Zimbabwe.  
or other sponsoring organization)

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ARE YOU A UNIVERSITY STAFF DEPENDANT (i.e. wife, husband or child)? YES / NO (delete the inapplicable) ☐

ARE YOU A UNIVERSITY STAFF MEMBER? YES / NO ☐

IF YES, GIVE DEPARTMENT AND TELEPHONE EXTENSION OF STAFF MEMBER

**7. FURTHER RELEVANT INFORMATION/REMARKS****7.1 WORK EXPERIENCE/EMPLOYMENT**

| DATE  |      |       |      | OCCUPATION | NAME AND ADDRESS OF EMPLOYER |
|-------|------|-------|------|------------|------------------------------|
| FROM  |      | TO    |      |            |                              |
| Month | Year | Month | Year |            |                              |
|       |      |       |      |            |                              |
|       |      |       |      |            |                              |
|       |      |       |      |            |                              |
|       |      |       |      |            |                              |

**7.2 ANY OTHER REMARKS PERTINENT TO YOUR APPLICATION .....**

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**8. REFEREES**

Give names and **full** addresses of two persons, at least one from your previous university/universities who have agreed to act as referees for this application.

8.1 .....

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8.2 .....

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SIGNATURE OF APPLICANT .....

DATE

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**N.B.: BEFORE YOU SIGN AND DATE THIS FORM, PLEASE CHECK THAT YOU HAVE COMPLETED EACH SECTION AND THAT THE INFORMATION IS CORRECT.**