



WASHINGTON GLOBAL COLLEGE

IN AFFILIATION WITH GREAT ZIMBABWE UNIVERSITY



READ INSTRUCTIONS ON PAGE 3 BEFORE COMPLETING THE FORM

POSTGRADUATE ADMISSION APPLICATION FORM 20

INTAKE: JANUARY FEB/MARCH APRIL JULY AUGUST/SEPTEMBER

COHORT: (For Block/Weekend Classes) BULAWAYO HARARE OTHER (IF OTHER MENTION CITY/COUNTRY)

1. PERSONAL DETAILS

SURNAME: _____ FIRST NAME: _____
 DATE OF BIRTH: _____ PLACE OF BIRTH: _____
 SEX: _____ TITLE: (Mr, Mrs, Miss etc.) _____
 MARITAL STATUS: _____ PREVIOUS SURNAME (IF ANY): _____
 NATIONAL I.D.: _____ RACE: _____
 NATIONALITY: _____ CITIZENSHIP: _____
 PROVINCE: _____ RELIGION: _____

	YES	NO	IF YES TYPE AND /OR ATTACH PROOF
ANY PHYSICAL DISABILITY			

2. CONTACT DETAILS (All correspondence will be forwarded to the Physical Address)

PHYSICAL ADDRESS: _____ NEXT OF KIN'S NAME: _____
 _____ RELATIONSHIP _____
 _____ NEXT OF KIN ADDRESS: _____

 CELL/ TEL: _____
 Email Address: _____ CELL/ TEL: _____

3. PROGRAMME CHOICES (PLEASE INDICATE PROGRAMME AND AREA OF SPECIALISATION (IF ANY), NB: turn to page 4 for programmes)

FIRST CHOICE PROGRAMME: _____
SECOND CHOICE PROGRAMME: _____

TICK APPROPRIATE

ENTRY TYPE : NORMAL MATURE SPECIAL
 INTAKE TYPE : FULL TIME PARALLEL BLOCK RELEASE WEEKEND SCHOOL
 SPONSORSHIP: GOVERNMENT SELF OTHER.....

FOR OFFICE USE ONLY

RECEIPT NUMBER:

DATE OF RECEIPT:.....

4. ACADEMIC HISTORY

ORDINARY LEVEL AND ADVANCED LEVEL

MONTH (EG. 11/04)	YEAR	EXAMINATION BOARD (EG. ZIMSEC, AEB)	'O' LEVEL	SUBJECT	RESULT/ GRADE
				MATHEMATICS	
				ENGLISH	
			'A' LEVEL		

4.1 UNIVERSITY AND POST SCHOOL LEAVING STUDIES

COLLEGES/UNIVERSITY (IF OUTSIDE ZIMBABWE GIVE ADDRESS)

DATE OF AWARD	PROGRAMME UNDERTAKEN DEGREE/DIPLOMA/CERTIFICATE	NAME OF UNIVERSITY/ COLLEGE	DEGREE CLASS

ADDRESS (IF OUTSIDE ZIMBABWE): _____

CELL/TELEPHONE _____

5. EMPLOYMENT HISTORY

GIVE DETAILS OF EMPLOYMENT AND EXPERIENCE

COMPANY/INSTITUTION	OCCUPATION	JOB DESCRIPTION/DUTIES	FROM	TO

=====

ARE YOU UNIVERSITY STAFF OR DEPENDENT (i.e. wife, husband or child)

IF 'YES' PLEASE GIVE NAME, DEPARTMENT AND TELEPHONE

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.....

6. REFEREES

1. NAME: _____ 2. NAME _____

ADDRESS _____ ADDRESS _____

CELL/TEL: _____ CELL/TEL: _____

7. DECLARATION

I DECLARE THAT THE INFORMATION THAT I HAVE GIVEN IS CORRECT, AND THAT SHOULD IT BE FOUND TO BE FALSE; MY APPLICATION WILL BE DISQUALIFIED AND WILL FACE LEGAL ACTION. I HEREBY AGREE TO BE BOUND BY CONDITIONS OF APPLICATION, TO SIGNIFY WHICH I HEREBY ADDEND MY SIGNATURE.

DATE: _____

SIGNATURE: _____

8. CHECKLIST AND INSTRUCTIONS

Attach photocopies of all certificates.

Please fill in all pages. Subsequent to completing your application form please attach certified copies of the following documents:

1. National ID 2. Birth Certificate 3. 'O' and 'A' Level certificates
4. Professional Certificates (if any) 5. Marriage Certificate (where applicable)

Application forms are available from website www.gzu.ac.zw. Submit the downloaded form together with application fees as advertised in the paper and submit before closing date of advertised programmes and for late entries please refer to the advert.

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|-----|---|--|--|
| 8.1 | I HAVE COMPLETED ALL SECTIONS OF THE FORM | | |
| 8.2 | I HAVE ENCLOSED CERTIFIED COPIES OF ALL DOCUMENTS | | |
| 8.3 | I HAVE SIGNED THIS FORM | | |

YES NO

NB: ONLY SUCCESSFUL CANDIDATES WILL BE CONTACTED