



MANICALAND STATE UNIVERSITY OF APPLIED SCIENCES

**STAIR GUTHRIE ROAD – BAG 7001
FERNHILL, MUTARE.**

UNDERGRADUATE ADMISSION APPLICATION FORM 20.....

INTAKE: **FEBRUARY/ MARCH** **AUGUST/ SEPTEMBER:** (tick where appropriate)

N.B: First read the **NOTES** on the next page, then complete all sections of the form. DO NOT write in the boxes which are for official use only. Print clearly in ink in the blank spaces and on the dotted lines as required. Visiting/Block Release applications must be submitted with confirmation letter of employment.

RETURN THE FORM BY MAIL OR IN PERSON

PROGRAMME: **POINTS**

CONVENTIONAL **PARALLEL** **VISITING SCHOOL** (tick where appropriate)

PERSONAL DETAILS

TITLE: MR/MRS/MS/DR/MISS/REV/SR/FR

MARITAL STATUS: GENDER

NATIONAL ID # - PASSPORT#

NATIONALITY

COUNTRY OF PERMANENT RESIDENCE

DATE OF BIRTH: - - PLACE OF BIRTH

DISABILITY INFORMATION: Please specify if you have any. This information will be kept confidential by MSUAS

CONTACT ADDRESS:

TELEPHONE NUMBERS: **HOME**

CONTACT NUMBER.....

E-MAIL..... N.B: All correspondence will be forwarded to the above address.

PROSPECTIVE SPONSORS

(e.g. self, parent, guardian or name of organization)

¹⁴ *See* *ibid.* 1997, 10, 103–120, and *ibid.* 1998, 11, 1–20, for a critical assessment of the concept of 'cultural capital' in the study of social inequality.

Are you a university staff dependant Yes No Are you a university staff member Yes No

FOR OFFICE USE ONLY

..... RECEIPT

1. PROGRAMMES OF STUDY FOR WHICH YOU ARE APPLYING

PREFERENCES	<u>DEGREE PROGRAMME</u>	<u>FACULTY</u>
1
2
3

TYPE OF ENTRY (tick where appropriate)Normal Special Mature **2. SCHOOL EXAMINATIONS FOR WHICH RESULTS ARE KNOWN****'O' LEVEL SUBJECTS INCLUDING MATHEMATICS AND ENGLISH**

YEAR	EXAMINATION BOARD	SUBJECT	RESULT/GRADE

'A' LEVEL SUBJECTS

YEAR	EXAMINATION BOARD	SUBJECT	RESULT/GRADE

3. UNIVERSITIES/COLLEGES ATTENDED. (Name, Qualifications, Year)

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4. WORK EXPERIENCE / EMPLOYMENT. (Indicate Period, Occupation and Employer's address)

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5. NAME AND ADDRESS OF REFEREE

.....
.....

NAME AND ADDRESS OF NEXT OF KIN

.....
.....

Phone/E-mail

Phone/E-mail

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

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.

APPLICANT'S SIGNATURE:

DATE:/...../.....