



**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

**SURNAME:**

**FORENAMES:**

**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 **DISABILITY CODE**

**CONTACT ADDRESS:** .....

**TELEPHONE NUMBERS:** **HOME** .....  
(Include country & area code)

**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) .....

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

**FOR OFFICE USE ONLY**

**ACCEPTANCE CODE:** ..... **RECEIPT NO.**.....

**1. PROGRAMMES OF STUDY FOR WHICH YOU ARE APPLYING****PREFERENCES****DEGREE PROGRAMME****FACULTY**

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**

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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:** ...../...../.....