



App. Rec. No.

Application No

Year of Application

Application Form for Admission into Postgraduate/Undergraduate Degree Programmes

NB. Complete all sections of the form writing in the uncoloured boxes. Print clearly in black or blue ink.

1 The year in which you wish to commence your studies at the University Semester

Programme being applied for

Region

2 Applicant's Biodata (Complete or tick where applicable)

2.1 Surname 2.2 Title (Specify):

2.3 First names:

2.4 Have you ever been registered with this University before? Yes No

2.5 If yes please state student Personal Identity Number (pin)

2.6 National I.D. or Passport Number

2.7 Date of Birth

2.8 Maiden Name or Prior Names (if applicable)

2.9 Citizenship

Specify country of origin

2.10 Marital Status (specify)

2.11 Sex (specify)

2.12 If foreign, please specify type of permit:

<input type="checkbox"/>	Study permit
<input type="checkbox"/>	Residence permit
<input type="checkbox"/>	Other (Specify)

2.13 Permit number:

2.14 Permit expiry date: where applicable

2.15 Residential Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

2.16 Postal Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

3 Particulars of Next of Kin

Full name

Relationship to applicant: (specify)

Contact address of next of kin:

Contact Tel:

4 Special learning needs

4.1 Do you have any disabilities? Yes No
If yes, please indicate the nature of the disability below:

Blindness Cerebral Palsy Other (specify)

Deafness Speech Impairment

4.2 If your answer to 4.1 is yes, what extra educational and environmental adaptations do you require?

5 Educational Qualifications

5.1. 'O' Level or equivalent

'A' Level or equivalent

Institution:.....

Institution:.....

Subject	Grade	Year	Subject	Grade	Year

5.2. Tertiary Education or Professional Qualifications

Name of institution	Degree/Diploma	Full Time or Part Time	Years registered for each qualification		Degree/Diploma Classification
			From	To	

6 Work Experience

Please give details of your work experience below

Period		Position	Name of Organisation	Duties
From	To			

7 Declaration by Applicant

I declare that I will be bound by the Zimbabwe Open University policies and regulations as amended from time to time

Signature..... Date.....

8 For Official Use only

8.1 APPLICATION AND TYPE OF ENTRY

- NORMAL ENTRY
- SPECIAL ENTRY
- ACCREDITATION FOR PRIOR LEARNING (APL)

8.2 CERTIFICATES RECEIVED / VERIFIED

- Birth Certificate
- 'O' Level Certificate
- 'A' Level Certificate
- University Certificate(s)
- Professional Certificate(s)
- Other e.g 'M' Level Certificate(s)