



electronic copy

attach photographs

undergraduate application form

All relevant sections must be completed in black or blue ink. Please use CAPITAL Letters.

1. PERSONAL DETAILS

Surname Name (as on all official documents).....
First Name (s).....
Title..... Sex Male Female.....
(Mr/Mrs/Miss/Dr/Rev)
Date of Birth (DD-MM-YYYY)
Country of Birth.....
Country of Residence.....
Nationality.....

2. ADDRESS

Home address Alternative address - if different from Home
Postal address..... Postal address.....
(street address or post box)..... (street address or post box).....
City/town..... City/town.....
Country..... Country.....
Telephone (official)..... Telephone.....
Cell phone (private)..... Cell phone (private).....
Fax..... Fax.....
Email..... Email.....

4. EMPLOYMENT AND PROFESSIONAL QUALIFICATIONS

4.1. EMPLOYMENT INFORMATION

| Employer (include City and Country) | Position | Dates | |
|--|----------|-------|----|
| | | From | To |
| | | | |
| | | | |
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4.2. PROFESSIONAL QUALIFICATION

Details of any professional qualifications obtained if any

| Qualification | Date obtained |
|---------------|---------------|
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5. PROPOSED PROGRAMME OF STUDY

Please indicate your desired modality - (FT for Full-time, PT for Part-time)

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6. PERSONAL STATEMENT

Please provide a short statement indicating why you wish to undertake the programme above.

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.....
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7. ENGLISH LANGUAGE PROFICIENCY

Please indicate your level of competency in English.

| | Speaking | Reading | Writing |
|-----------------|----------|---------|---------|
| Fluent | | | |
| Adequate | | | |
| Basic | | | |

Do you have any English language qualifications? Yes..... No.....
(such as TOEFL, IELTS, other, or a university degree in which instruction was in English)
If yes, which qualification?.....
Date of examination.....

8. EQUAL OPPORTUNITY

The University welcomes all students and therefore, strongly encourages you to disclose any disability or medical condition which may have an impact on your studies while at the university. This will help us plan and put the necessary facilities in place.

- No disability
 - Blind/partially sighted
 - Wheelchair user/mobility difficulties
 - Unseen disability e.g diabetes, pressure, epilepsy etc.
 - Others (please indicate).....
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9. REFEREES

Please attach a reference letter from your previous school.

10. DECLARATION

I confirm that the information given on this form is to the best of my knowledge true, correct and accurate, no information requested or other material information has been omitted and that I have completed the application form myself.

Signed..... **Date**.....