



|                                    |                          |                 |                          |
|------------------------------------|--------------------------|-----------------|--------------------------|
| <b>INTAKE</b> (Please tick)        |                          |                 |                          |
| <b>MARCH</b>                       | <input type="checkbox"/> | <b>AUGUST</b>   | <input type="checkbox"/> |
| <b>MODE OF STUDY</b> (Please tick) |                          |                 |                          |
| <b>CONVENTIONAL</b>                | <input type="checkbox"/> | <b>PARALLEL</b> | <input type="checkbox"/> |
| <b>BLOCK RELEASE</b>               | <input type="checkbox"/> | <b>ONLINE</b>   | <input type="checkbox"/> |

**Application for Graduate Admission**

1. Complete all the required items.
2. Print in BLOCK LETTERS and tick where appropriate.
3. A non-refundable application fee is required.

**SECTION A : PERSONAL DETAILS**

|  |  |  |  |  |  |  |   |   |   |   |   |   |   |                      |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
|--|--|--|--|--|--|--|---|---|---|---|---|---|---|----------------------|--|--|--|---|--|---|--|--|--|--|--|--|--|--|--|----------------------------------|--|--|--|--|--|
| Surname  |  |  |  |  |  |  |   |   |   |   |   |   |   |                      |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
| First Name   |  |  |  |  |  |  |   |   |   |   |   |   |   |                      |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
| Middle Name  |  |  |  |  |  |  |   |   |   |   |   |   |   |                      |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
| Surname(If different from above)                                 |  |  |  |  |  |  |   |   |   |   |   |   |   |                      |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
| Have you ever been registered at Africa University (Please tick) |  |  |  |  |  |  |   |   |   |   |   | <input type="checkbox"/> Yes            |   |                      |  |  |  | <input type="checkbox"/> No               |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
| If YES, please enter student registration number                 |  |  |  |  |  |  |   |   |   |   |   |   |   |                      |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
| Nationality  |  |  |  |  |  |  |   |   |   |   |   |   |   |                      |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
| Country of Permanent Residence                                   |  |  |  |  |  |  |   |   |   |   |   |   |   |                      |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
| Zimbabwean ID #  |  |  |  |  |  | ↓  |   |   |   |   |   | Passport Number                         |   |                      |  |  |  | ↓   |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
|  |  |  |  |  |  |  |   |   |   |   |   |   |   |                      |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
| Date of Birth  |  |  |  |  |  | D  | D | M | M | Y | Y | Y                                       | Y | Gender (Please tick) |  |  |  |   |  | <input type="checkbox"/> Male <input type="checkbox"/> Female |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
|  |  |  |  |  |  |  |   |   |   |   |   |   |   |                      |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
| Marital Status (Please tick)                                     |  |  |  |  |  |  |   |   |   |   |   | <input type="checkbox"/> Married        |   |                      |  |  |  | <input type="checkbox"/> Single           |  |   |  |  |  | <input type="checkbox"/> Divorced        |  |  |  |  |  | <input type="checkbox"/> Widowed |  |  |  |  |  |
| Permanent Address  |  |  |  |  |  |  |   |   |   |   |   |   |   |                      |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
|  |  |  |  |  |  |  |   |   |   |   |   |   |   |                      |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
| Mailing Address  |  |  |  |  |  |  |   |   |   |   |   |   |   |                      |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
|  |  |  |  |  |  |  |   |   |   |   |   |   |   |                      |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
| Postal Code  |  |  |  |  |  | Telephone Dialing Code <i>International applicants to supply country and area code</i> |   |   |   |   |   | Telephone Number                        |   |                      |  |  |  | Fax #                                     |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
|  |  |  |  |  |  |  |   |   |   |   |   |   |   |                      |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
| Email Address  |  |  |  |  |  |  |   |   |   |   |   |   |   |                      |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
|  |  |  |  |  |  |  |   |   |   |   |   |   |   |                      |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
| Do you have any disability                                       |  |  |  |  |  |  |   |   |   |   |   |   |   |                      |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
| If yes,(please tick):  |  |  |  |  |  | <input type="checkbox"/> Visually impaired   |   |   |   |   |   | <input type="checkbox"/> Motor impaired |   |                      |  |  |  | <input type="checkbox"/> Hearing impaired |  |   |  |  |  | <input type="checkbox"/> Speech impaired |  |  |  |  |  |                                  |  |  |  |  |  |
| Do you suffer from a chronic illness? (please tick)              |  |  |  |  |  |  |   |   |   |   |   | <input type="checkbox"/> Yes            |   |                      |  |  |  | <input type="checkbox"/> No               |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
| If yes, please specify;  |  |  |  |  |  |  |   |   |   |   |   |   |   |                      |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
| Do you suffer from any other disability?                         |  |  |  |  |  |  |   |   |   |   |   | <input type="checkbox"/> Yes            |   |                      |  |  |  | <input type="checkbox"/> No               |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
| If yes, please specify;  |  |  |  |  |  |  |   |   |   |   |   |   |   |                      |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
| Do you use a wheelchair? (Please tick)                           |  |  |  |  |  |  |   |   |   |   |   | <input type="checkbox"/> Yes            |   |                      |  |  |  | <input type="checkbox"/> No               |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
| If yes, please specify;  |  |  |  |  |  |  |   |   |   |   |   |   |   |                      |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |
|  |  |  |  |  |  |  |   |   |   |   |   |   |   |                      |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |

**SECTION B : PROGRAMME OF STUDY FOR WHICH YOU ARE APPLYING**

|   |              |                  |
|---|--------------|------------------|
| Choice  | College Name | Degree Programme |
| 1st Choice e.g. MBA,MTS or EMBA                       |              |                  |
| 2nd Choice  |              |                  |
| For MTS Programme, specify your major and minor areas |              |                  |
| Major Area  | Minor Area   |                  |
|   |              |                  |
|   |              |                  |
|   |              |                  |

**SECTION C : EDUCATIONAL BACKGROUND**

|  |  |  |  |  |  |              |  |  |   |  |  |  |  |  |       |  |  |
|--|--|--|--|--|--|--------------|--|--|---|--|--|--|--|--|-------|--|--|
| <b>Matriculation Instructions</b>  |  |  |  |  |  |              |  |  |   |  |  |  |  |  |       |  |  |
| Fill in the names of schools , Polytechnic Colleges and other Tertiary institutions attended with qualifications obtained in the table below <i>Note: Applicants must submit certified copies of certificates/transcripts to prove the stated qualifications</i> |  |  |  |  |  |              |  |  |   |  |  |  |  |  |       |  |  |
| SC "O" Level or Equivalent   |  |  |  |  |  |              |  |  |   |  |  |  |  |  |       |  |  |
| School Name  |  |  |  |  |  |              |  |  |   |  |  |  |  |  |       |  |  |
| School Address   |  |  |  |  |  |              |  |  |   |  |  |  |  |  |       |  |  |
| From e.g. 1998   |  |  |  |  |  | To e.g. 2005 |  |  | Examining Authority (in abbreviated form e.g. ZIMSEC) |  |  |  |  |  |       |  |  |
|  |  |  |  |  |  |              |  |  |   |  |  |  |  |  |       |  |  |
| Subject  |  |  |  |  |  | Grade        |  |  | Subject   |  |  |  |  |  | Grade |  |  |
| 1.   |  |  |  |  |  |              |  |  | 6.  |  |  |  |  |  |       |  |  |
| 2.   |  |  |  |  |  |              |  |  | 7.  |  |  |  |  |  |       |  |  |
| 3.   |  |  |  |  |  |              |  |  | 8.  |  |  |  |  |  |       |  |  |
| 4.   |  |  |  |  |  |              |  |  | 9.  |  |  |  |  |  |       |  |  |
| 5.   |  |  |  |  |  |              |  |  | 10.   |  |  |  |  |  |       |  |  |
|  |  |  |  |  |  |              |  |  |   |  |  |  |  |  |       |  |  |
| SC/GCE "A" or Equivalent   |  |  |  |  |  |              |  |  |   |  |  |  |  |  |       |  |  |
| School Name  |  |  |  |  |  |              |  |  |   |  |  |  |  |  |       |  |  |
| School Address   |  |  |  |  |  |              |  |  |   |  |  |  |  |  |       |  |  |
| Dates Attended   |  |  |  |  |  |              |  |  | Examining Authority                                   |  |  |  |  |  |       |  |  |
| From e.g. 1998   |  |  |  |  |  | To e.g. 2005 |  |  |   |  |  |  |  |  |       |  |  |
| Subject  |  |  |  |  |  |              |  |  | Grade   |  |  |  |  |  |       |  |  |
| 1.   |  |  |  |  |  |              |  |  |   |  |  |  |  |  |       |  |  |
| 2.   |  |  |  |  |  |              |  |  |   |  |  |  |  |  |       |  |  |
| 3.   |  |  |  |  |  |              |  |  |   |  |  |  |  |  |       |  |  |
| 4.   |  |  |  |  |  |              |  |  |   |  |  |  |  |  |       |  |  |

**SECTION D : HIGHER EDUCATION**

List all periods of registration at other Universities, Technical Colleges and Teacher Training Colleges. Please enclose certified copies of your certificates/result statements.

| Year |    | Tertiary Institution | Qualification obtained |
|------|----|----------------------|------------------------|
| From | To |                      |                        |
|      |    |                      |                        |
|      |    |                      |                        |
|      |    |                      |                        |
|      |    |                      |                        |
|      |    |                      |                        |

**SECTION E : PROFESSIONAL QUALIFICATIONS**

List relevant professional qualifications and / or member in professional institutions

| Year |    | Awarding Institution | Professional Qualification | Place/ Country |
|------|----|----------------------|----------------------------|----------------|
| From | To |                      |                            |                |
|      |    |                      |                            |                |
|      |    |                      |                            |                |
|      |    |                      |                            |                |
|      |    |                      |                            |                |
|      |    |                      |                            |                |

**SECTION F : WORK EXPERIENCE**

|                  |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------|----|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name of Employer |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dates Employed   |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| From             | To | Job Title |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Responsibilities |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dates Employed   |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| From             | To | Job Title |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Responsibilities |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dates Employed   |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| From             | To | Job Title |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Responsibilities |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**SECTION G : AUTOBIOGRAPHICAL STATEMENT**

On a separate sheet of paper, in no more than 1500 words, give a description of your activities and employment since acquiring your first degree/professional qualifications, relating them to your career objectives. Discuss the importance of the graduate degree training with respect to your career goals.

**SECTION H : ENGLISH LANGUAGE COMPETENCY**

*For applicants from a non-English speaking background. Applicants are advised English is the language of instruction at Africa University. Qualified applicants from non-English speaking background may register a one-year Intensive English programme prior to starting their degree. Note: Any new student to Africa University has to write a diagnostic English Test*

|   |                              |                             |   |   |   |   |   |   |   |
|---|------------------------------|-----------------------------|---|---|---|---|---|---|---|
| Are you able to follow a course of study taught in English? (Please tick)                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |   |   |   |   |   |   |
| List any formal English Language qualifications with results obtained (e.g. TOEFL, GCE, GSCE) |                              |                             |   |   |   |   |   |   |   |
| English Qualification   | Result                       | Dates                       |   |   |   |   |   |   |   |
|   |                              | D                           | D | M | M | Y | Y | Y | Y |
|   |                              |                             |   |   |   |   |   |   |   |
|   |                              |                             |   |   |   |   |   |   |   |
|   |                              |                             |   |   |   |   |   |   |   |
|   |                              |                             |   |   |   |   |   |   |   |

**SECTION I : FINANCES (If sponsored attach proof of sponsorship)**

|   |                                 |  |  |  |                                   |  |  |  |                                      |  |  |  |
|---|---------------------------------|--|--|--|-----------------------------------|--|--|--|--------------------------------------|--|--|--|
| How do you intend to finance your studies at Africa University? (Please tick below) |                                 |  |  |  |                                   |  |  |  |                                      |  |  |  |
| <input type="checkbox"/> Self   | <input type="checkbox"/> Family |  |  |  | <input type="checkbox"/> Employer |  |  |  | <input type="checkbox"/> Scholarship |  |  |  |
| Name of sponsor (if not self)   |                                 |  |  |  |                                   |  |  |  |                                      |  |  |  |
| Address of sponsor  |                                 |  |  |  |                                   |  |  |  |                                      |  |  |  |
| Sponsor's telephone number  |                                 |  |  |  |                                   |  |  |  |                                      |  |  |  |
| Sponsor's email address   |                                 |  |  |  |                                   |  |  |  |                                      |  |  |  |

**SECTION J : PLEASE INDICATE HOW YOU HEARD ABOUT AFRICA UNIVERSITY**

|   |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|
| We will monitor this and use this information to monitor and improve the services we offer to applicants and prospective students |  |  |  |  |  |  |  |  |  |  |  |  |
| What was your main source of information about Africa University? Choose one option only below                                    |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Advertisement  |  |  |  | <input type="checkbox"/> School visits     |  |  |  | <input type="checkbox"/> Africa University website |  |  |  |  |
| <input type="checkbox"/> Church/Conference  |  |  |  | <input type="checkbox"/> Career Exhibition |  |  |  | <input type="checkbox"/> Friends/family            |  |  |  |  |
| <input type="checkbox"/> Friends/family studying at AU  |  |  |  | <input type="checkbox"/> Alumni            |  |  |  | <input type="checkbox"/> Others (Specify)          |  |  |  |  |

**SECTION K : GENERAL COMMENTS**

(Specify any other information which you think is relevant to support your application)

|  |
|--|
|  |
|  |
|  |

**SECTION L DECLARATION AND UNDERTAKINGS BY APPLICANT**

- I have read and understood the contents of this application. I declare that to the best of my knowledge and belief, the above information is correct and that should the information be found incorrect and misleading, my application may be invalidated.
- I undertake to abide by the rules of the University.
- I hold myself responsible for the payment of all fees and other charges due and payable by me to the University for both first and second semesters of each year as prescribed in the University’s Terms of Payment. If I am in arrears, I will be liable to pay interest at the rate determined by the University from time to time from due date until date of payment. I will be liable for all costs of recovery, including fees charged by attorneys on the scale as attorney and client and collection commission. I understand that payments received will be allocated to clear unpaid interest first, then the debt. If I inform the Registrar in writing by the date prescribed in the rules of the University that I do not propose to return for the second semester I will not have to pay the second semester fees. I have read and understood the rules on fees and fee payments as applicable.
- I hereby waive all claims against the University of any damages or loss suffered while I am, or as a consequence of my being, a student of the University and arising out of death, bodily injury, loss of health or illness suffered by me or any other person and loss or destruction of, or damage to any property belonging to me or any other person, howsoever such damage or loss is caused, including but not limited through the negligence of the University or any official, employee or representative of the University. I or my estate hereby indemnifies the University against any claims by any person arising in any way as stated above in respect of my own negligent or willful acts or omissions.

Signature of Applicant .....

Date .....

**SECTION M : APPLICATION FEE (please do not enclose cash)**

(For International Students Use Foreign Currency) Make Bank certified cheques payable to Africa University

|                          |      |  |  |  |  |      |   |   |   |   |   |   |   |   |                 |
|--------------------------|------|--|--|--|--|------|---|---|---|---|---|---|---|---|-----------------|
| Enter amount enclosed    | US\$ |  |  |  |  |      |   |   |   |   |   |   |   |   |                 |
| <i>Official Use only</i> |      |  |  |  |  |      |   |   |   |   |   |   |   |   |                 |
| Receipt number           |      |  |  |  |  | Date | D | D | M | M | Y | Y | Y | Y | Amount Received |
|                          |      |  |  |  |  |      |   |   |   |   |   |   |   |   |                 |

**SECTION N :CHECKLIST**

| <b>Your application will not be considered if it is incomplete, incorrect, or if the required documents are not attached.</b>                   | (Please tick)            |
|---|--------------------------|
| Have you completed pages 1,2,3,4, and 5 of this form?   | <input type="checkbox"/> |
| Have you signed this form? Check page 5)  | <input type="checkbox"/> |
| Have you paid or enclosed an appropriate application fee?   | <input type="checkbox"/> |
| Have you filled in your correct date of birth?  | <input type="checkbox"/> |
| Have you enclosed certified copies of your certificates?  | <input type="checkbox"/> |
| If you have attended a higher education institution, have you enclosed a certified copy of your academic transcript and certificate of conduct? | <input type="checkbox"/> |
| If you are a Theology applicant, have you enclosed your reference letters and your autobiographical statement? (Section F & G)                  | <input type="checkbox"/> |

Return the completed forms and documentation to this address:

The Assistant Registrar, Academic Affairs  
Africa University  
P.O. Box 1320  
Mutare, Zimbabwe

For any enquiries contact us at:

Tel: +263-20-60075 ext. 1196/1205

Fax: +263-20-61785/66783

Email: [studentrecruitment@africau.edu](mailto:studentrecruitment@africau.edu) or [applications@africau.edu](mailto:applications@africau.edu)