

Serial Number



ZIMBABWE EZEKIEL GUTI UNIVERSITY

POSTGRADUATE APPLICATION FORM

Conventional/ Block Release Programmes

NB. Kindly complete all Sections of the Application Form in **BLOCK LETTERS**.

1. FOR OFFICE USE ONLY- DO NOT COMPLETE THIS PART

1.1 Date of Receipt		1.5. Documents received	
1.3. Receipt No.		a. ID	(Y/N).....
1.2. Applications Fee.		b. Birth certificate	(Y/N).....
1.4. Received by:		c. O' Level Certificates	(Y/N).....
1.6. Academic Year:		d. A' level points	(Y/N).....
		e. Degree Certificate and Transcript	(Y/N).....

Section A: Personal Details					
Surname				First name	
Other names				Date of birth/...../.....
Gender					
Marital status	Single	Married	Widowed	Other/ (specify)	
Religion	Denomination (If applicable)				
ID. Number					
Nationality					

Contact details			
Title	Mr/Ms/Miss/Mrs/Dr/Rev		
House No/Street			
Town			
Country		Cell Number	
Telephone		E-mail Address	

IMPORTANT NOTES TO ALL APPLICANTS

- All applicants must complete all sections of the application form carefully and legibly. If the University discovers that any information submitted by the applicant is false, it will reject that application and may refer the matter for legal action.
- Applicants should submit this form to, P O Box 350 Bindura, Zimbabwe
- The closing date for receipt of applications for admission is as advised in the published advert.
- The application fee is \$15 and is non-refundable.
- All applicants must submit, with this form, certified photocopies (Not Originals) of all qualifications/certificates referred to in the application including birth certificates and I.D. cards.

English Language Proficiency

- a) Is English your first /native language? Yes No
1. Was your previous education undertaken through the medium of English? Yes No

If No please state the language which you were educated.....

2. Please state your first spoken language
3. Have you attended any other university?

If yes, please specify type of training and dates as in Section B. Below

Section B: University Degree or other Qualifications Held

University /College	Qualifications	Year	Result/Degree Class

Section C: Educational Qualifications

1. ORDINARY LEVEL (O'LEVEL) School Attended:.....Year.....

Subject	Grade	Subject	Grade
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

2. ADVANCED LEVEL (A' LEVEL) School Attended:.....

Subject	Grade
1.	
2.	
3.	
4.	
5.	

Section D: Work Experience

Employment Details: *Please provide details of current and previous employment.*

Dates Employed	Employer	Address	Post (s) Held
From:...../...../..... TO:/...../.....			
From:...../...../..... TO:/...../.....			
From:...../...../..... TO:/...../.....			

Section E: Degree Programme Choice

Please provide details of your Degree Options.

Options	Degree Description	Conventional/ Block	March/August Intake
1.			
2.			
3.			

For Block Release Students only (Please Tick)

Harare Campus	Bindura Campus
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Section F: Sponsors

Prospective Sponsor(s)
 (e.g. Self, Government, or other organization: Please state name..... and phone.....)
 Are you a University staff dependant (i.e. wife, husband or child)? Yes/No
 Are you a University staff member? Yes/No
 If YES PLEASE GIVE NAME, DEPARTMENT AND TELEPHONE EXTENSION OF STAFF MEMBER

Section G: Disability

If you have any disability which you wish us to know about please indicate. Yes No

Any additional support needs? Yes No

If yes please give details:.....

Contact Address

- Name of next of kin: Tell/Cell
- Contact Address:.....
- Relationship

Section H: Referees

Please give two references

1. Name..... Tell/Cell
 Contact Address

2. Name..... Tell/Cell
 Contact Address

Section I: Please indicate how you heard about Zimbabwe Ezekiel Guti 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 source of information about Zimbabwe Ezekiel Guti University? Choose one option only below

Advertisement <input type="checkbox"/>	School Visits <input type="checkbox"/>	ZEGU Website <input type="checkbox"/>
Church Conference <input type="checkbox"/>	Career Exhibition <input type="checkbox"/>	Friends /Family <input type="checkbox"/>
Friends/Family studying at ZEGU <input type="checkbox"/>	Alumni <input type="checkbox"/>	Other (specify) <input type="checkbox"/>

DECLARATION

To be completed by the student. Forms received unsigned will be returned as invalid.

I certify that, to the best of my knowledge and belief I have answered all questions fully and truly.

I agree, if admitted as a student, to pay full tuition fees upon registration, attend morning devotions every day, to uphold the ideal, standards and regulations set forth by ZEGU and to respect the principles and traditions it upholds as a church related institution of higher learning.

Signed (Student) Date

Please return completed Application form to: Zimbabwe Ezekiel Guti University

**Harare Teaching & Learning Centre
 Z.E.G.U
 18836 Hampden Road
 Belvedere
 Harare
 08677007113**

**Bindura Campus
 Z.E.G.U
 Stand No. 1901 Barrasie Rd.
 Off Shamva Rd.
 P.O Box 350
 Bindura
 08677006136/0779279912**

**ZAOGA HQ
 13A Powell Road
 Waterfalls
 Harare**



ZIMBABWE EZEKIEL GUTI UNIVERSITY

ACADEMIC REFERENCE INSTRUCTION FORM

INSTRUCTIONS FOR A REFEREE SUPPORTING AN APPLICATION FOR ADMISSION TO A GRADUATE COURSE

(1) To be completed by the applicant

Applicant's Name

Last (family)		
First (personal)		
Title		(Mr/Mrs/Miss/Dr etc)

Proposed Study

Degree Type Full Time Part Time

Programme of study or research area

Contact Details

Email	
Telephone	

Department

Application Serial Number

(if available)

Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
DD	MM	YYYY

Sex

Male
 Female

Applicant's Signature

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

Date
DD/MM/YYYY

(2) To be completed by the referee

Referee's Name

Name	
Position	

Referee's Contact Details

Email	
Telephone	

(3) DECLARATION

I confirm that the information given above and on the appended reference letter is accurate to the best of my knowledge and understand that Zimbabwe Ezekiel Guti University may refuse admission if it discovers that any information given has been falsified or is inaccurate.

Referee's Signature	Date (DD/MM/YYYY)

(4) DELIVERY

To deliver, please:

- 1) Enclose your reference with this form, and a copy of the applicants cover sheet in a SEALED envelope.
- 2) Send the reference to the address below:

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Z.E.G.U
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Belvedere
Harare
08677007113**

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