



ZIMBABWE EZEKIEL GUTI UNIVERSITY

UNDERGRADUATE 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).....

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

1. 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.
2. Applicants should submit this form to, P O Box 350 Bindura, Zimbabwe
3. The closing date for receipt of applications for admission is as advised in the published advert.
4. The application fee is \$10 and is non-refundable.
5. All applicants must submit, with this form, photocopies (Not Originals) of all qualifications/certificates referred to in the application including birth certificates and I.D. cards. The copies of certificates must be certified by a Commissioner of Oaths or Head/Principal of the institution at which the examinations were taken or are being taken.

English Language Proficiency

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

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

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

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

Section B: Previous University and College Level Qualification

University /College	Qualifications	Year	Grade

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
----------------------	-----------------------

Section F: Sponsors

Prospective Sponsor(s)

(e.g. Self, Government, or other organization: Please state nameand 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

1. Name of next of kin: Tel/Cell No :.....
2. Contact Address:.....
3. Relationship

Section H: Referees

Please give two references

1. Name.....

Contact Address.....

Tel/Cell.....

2. Name.....

Contact Address.....

Tell/Cell.....

Section I: Statistical Information

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 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: ZEGU

**The Registrar
Zimbabwe Ezekiel Guti University
Stand No. 1901 Barrassie Rd
Off Shamva Rd
P. O. Box 350
Bindura
Zimbabwe**

**Or hand deliver to:
ZAOGA HQ
13A Powell Road
Waterfalls, Harare.**