

UNIVERSITY OF ZIMBABWE

MASTER OF PHILOSOPHY & DOCTOR OF PHILOSOPHY APPLICATION FORM

(TO BE FORWARDED IN DUPLICATE)

N.B.: First read the **NOTES** on Page 2 then complete all sections of the form. Print clearly in ink in the blank boxes and on the dotted lines as required.

1. PERSONAL DATA

1.1 SURNAME(S)
 (as on birth certificate or marriage certificate)

1.2 TITLE (e.g. MR/MRS/MISS/DR/MS/REV/SR): If Mrs, attach marriage certificate.

1.3 FORENAME(S)
 (as on birth certificate)

1.4 PREVIOUS SURNAME

1.5 MARITAL STATUS [e.g. Married (M); Single (S); Widowed (W); Divorced (D)]

1.6 SEX [Male (M); Female (F)]

1.7 NATIONALITY

1.8 CITIZENSHIP

1.9 I.D. No. **(attach certified copy of I.D.)**

1.10 PERIOD OF RESIDENCE IN ZIMBABWE

1.11 DATE OF BIRTH [e.g. Day (15) Month (04) Year (60)]

1.12 PLACE OF BIRTH

1.13 DO YOU SUFFER FROM ANY PHYSICAL OR OTHER DISABILITIES FOR WHICH SPECIAL ARRANGEMENTS AT UNIVERSITY WOULD BE REQUIRED Yes (Y): No(N)
 IF 'YES' PLEASE GIVE DETAILS
 **DISABILITY CODE**

1.14 ARE YOU A PERMANENT RESIDENT OF ZIMBABWE? YES (Y); NO (N).
 IF NO, WHAT PERMIT DO YOU HOLD (IF ANY)? (Please include certified copy)

FOR OFFICIAL USE ONLY

CERTIFICATES RECEIVED/VERIFIED

BIRTH <input style="width: 20px; height: 15px;" type="checkbox"/>	B <input style="width: 20px; height: 15px;" type="checkbox"/>	
MARRIAGE <input style="width: 20px; height: 15px;" type="checkbox"/>	W <input style="width: 20px; height: 15px;" type="checkbox"/>	
UNIVERSITY <input style="width: 20px; height: 15px;" type="checkbox"/>	A <input style="width: 20px; height: 15px;" type="checkbox"/>	
OTHER <input style="width: 20px; height: 15px;" type="checkbox"/>	O <input style="width: 20px; height: 15px;" type="checkbox"/>	

APPLICATION NUMBER

A

REGISTRATION DOCUMENTS ISSUED

DATE

Receipt
Acknowledged
Previous papers
Sought/Received:	
Transcript
Ref. (1)
Ref. (2)
Payment Confirmation	
Receipt No. and Date	
Amount	
Date of Despatch	

***2 ADDRESS**

.....

TELEPHONE NUMBERS: Home:

Cellphone:

EMAIL ADDRESS:

*N.B. All correspondence will be forwarded to the above address.

IMPORTANT

The information entered in Section 5, Page 4, about present or previous university/college/institution studies must be accurate. If you fail to declare that you have previously attended the University of Zimbabwe, for example, and this later becomes known, your application will be rejected or your registration may be cancelled.

3 IMPORTANT NOTES TO ALL APPLICANTS

3.1. APPLICATION

- (a) All applicants must complete **ALL** the sections of the application form carefully and legibly and should submit this form to the SNR Assistant Registrar (Academic), P.O. Box MP 167, Mount Pleasant, Harare, Zimbabwe. Fill in your name and address on the attached card which will then be detached and returned to you as proof of receipt.

3.2. DOCUMENTS TO ACCOMPANY APPLICATIONS

- (a) **ALL** applicants, including those who are graduates of **OR** are currently studying at the University of Zimbabwe must submit certificates of birth, marriage, and of qualifications gained at UZ **OR** at other universities.
- (b) Applicants must submit certified photocopies (not originals) of birth certificates and marriage certificates (in the case of married women), and documents verifying qualifications. If applicants have transcripts of their degree/diploma results, these are preferable to degree certificates. ALL COPIES OF TRANSCRIPTS AND CERTIFICATES MUST BE VERIFIED BY A COMMISSIONER OF OATHS OR HEAD OF THE INSTITUTE CONCERNED.

* **FAILURE TO SUBMIT ALL THE REQUESTED DOCUMENTS WILL RESULT IN THE RETURN OF THE APPLICATION FORM AND ENCLOSURES TO THE SENDER.**

4. CHOICE OF PROGRAMME AND FIELD OF RESEARCH

4.1 Refer to Page 3, then indicate your choice of programme in the box below.

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

4.2 Indicate whether you are applying for full-time or part-time studies by deleting the inapplicable below:

FULL-TIME/PART-TIME

4.4 PROPOSED FIELD OF RESEARCH

.....

IMPORTANT: THIS APPLICATION MUST BE ACCOMPANIED BY AN OUTLINE OF YOUR PROPOSED RESEARCH IN APPROXIMATELY 300-1 200 WORDS.

Choose your programme and enter the code in the box in Section 4.1 on Page 2.

FACULTY	PROGRAMME	CODE
AGRICULTURE	Master of Philosophy Doctor of Philosophy	MPhilAG DPhilAG
ARTS	Master of Philosophy Doctor of Philosophy	MPhilAT DPhilAT
COMMERCE	Master of Philosophy Doctor of Philosophy	MPhilCM DPhilCM
EDUCATION	Master of Philosophy Doctor of Philosophy	MPhilED DPhilED
ENGINEERING	Master of Philosophy Doctor of Philosophy	MPhilEN DPhilEN
LAW	Master of Philosophy Doctor of Philosophy	MPhilLW DPhilLW
MEDICINE	Master of Philosophy Doctor of Philosophy	MPhilMD DPhilMD
SCIENCE	Master of Philosophy Doctor of Philosophy	MPhilSC DPhilSC
SOCIAL STUDIES	Master of Philosophy Doctor of Philosophy	MPhilSS DPhilSS
VETERINARY SCIENCE	Master of Philosophy Doctor of Philosophy	MPhilVT DPhilVT

5. UNIVERSITY STUDIES

5.1 PRESENT/LATEST UNIVERSITY/COLLEGE OR SIMILAR INSTITUTION ATTENDED

(If outside Zimbabwe, give full address)

ITS NAME

.....

PERIOD OF ATTENDANCE: Start year (e.g. 80)

End year (e.g. 83)

PROGRAMME OF STUDY (e.g. BA, BSc, MA)

MAJOR SUBJECTS

.....

.....

QUALIFICATION/COMPLETED Yes (Y) No (N)

DATE OF AWARD [e.g. Month (12) Year (82)]

CLASS OF DEGREE/DIPLOMA

(e.g. I, Ili, Ilii, III, Merit, Pass)

5.2 PREVIOUS UNIVERSITY/COLLEGE OR SIMILAR INSTITUTION ATTENDED

(If outside Zimbabwe, give full address)

ITS NAME

.....

PERIOD OF ATTENDANCE: Start year (e.g. 80)

End year (e.g. 83)

PROGRAMME OF STUDY (e.g. BA, BSc, MA)

MAJOR SUBJECTS

.....

.....

QUALIFICATION/COMPLETED Yes (Y) No (N)

DATE OF AWARD (e.g. Month (12) Year (82))

CLASS OF DEGREE/DIPLOMA

(e.g. I, Ili, Ilii, III, Merit, Pass)

5.3 PREVIOUS UNIVERSITY/COLLEGE OR SIMILAR INSTITUTION ATTENDED

(If outside Zimbabwe, give full address)

ITS NAME

.....

PERIOD OF ATTENDANCE: Start year (e.g. 80)

End year (e.g. 83)

PROGRAMME OF STUDY (e.g. BA, BSc, MA)

MAJOR SUBJECTS

.....

.....

QUALIFICATION/COMPLETED Yes (Y) No (N)

DATE OF AWARD (e.g. Month (12) Year (82))

CLASS OF DEGREE/DIPLOMA

(e.g. I, Ili, Ilii, III, Merit, Pass)

6. PROSPECTIVE SPONSORS

(e.g. Self, University of Zimbabwe or other sponsoring
 organization). State name

ARE YOU A UNIVERSITY STAFF DEPENDANT (i.e. wife, husband or child)? YES / NO (delete the inapplicable)

ARE YOU A UNIVERSITY STAFF MEMBER? YES / NO

IF YES, GIVE DEPARTMENT AND TELEPHONE EXTENSION OF STAFF MEMBER

7. FURTHER RELEVANT INFORMATION/REMARKS

7.1 WORK EXPERIENCE/EMPLOYMENT

DATE				OCCUPATION	NAME AND ADDRESS OF EMPLOYER
FROM		TO			
Month	Year	Month	Year		

7.2 ANY OTHER REMARKS PERTINENT TO YOUR APPLICATION

.....

8. REFEREES

Give names and **full** addresses of two persons, at least one from your previous university/universities who have agreed to act as referees for this application.

8.1 NAME:

ADDRESS:

8.2 NAME:

ADDRESS:

SIGNATURE OF APPLICANT

DATE

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

N.B.: BEFORE YOU SIGN AND DATE THIS FORM, PLEASE CHECK THAT YOU HAVE COMPLETED EACH SECTION AND THAT THE INFORMATION IS CORRECT.