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 Zimbabwe

**APPLICATION FOR ADMISSION  
 TO BINDURA UNIVERSITY OF SCIENCE EDUCATION**

**NB: Complete all sections of the form in BLOCK LETTERS.**

**1. FOR OFFICIAL USE ONLY**

1.1 Date of Receipt	<input type="text"/>	1.2 Receipt No.	<input type="text"/>
1.3 Amount	<input type="text"/>	1.4 Application &	<input type="text"/>
1.5 Date of Dispatch	<input type="text"/>	Type of Entry	<input type="text"/>
1.6 Date of Acknowledgement	<input type="text"/>	1.7 Date Received	<input type="text"/>
1.8 Certificates Received			
Birth	<input type="checkbox"/>	Other	<input type="checkbox"/>
Marriage	<input type="checkbox"/>	Specify	<input type="text"/>
"O" Level	<input type="checkbox"/>		
"A" Level	<input type="checkbox"/>		

**2. PERSONAL DATA**

2.1 SURNAME:..... 2.2 FIRSTNAMES:.....  
 (as on Birth Certificate or Marriage Certificate) (IN BLOCK LETTERS)

2.3 TITLE:MR/MRS/MISS/ect. (IF Mrs, please attach certified copy of marriage certificate)  
 (\*Delete inapplicable)

2.4 Previous Surname:.....  
 (if any)

2.5 Marital Status:..... 2.6 Sex:.....

2.7 Date of Birth:..... 2.8 Place of Birth:.....

2.9 I.D. No:..... 2.10 Citizenship:.....

2.11 Are you a Permanent Resident of Zimbabwe?.....  
 (If not, what permit do you hold? Attach certified copy)

2.12 Period i.e year of residence in Zimbabwe:.....

2.13 Do you suffer from any physical/other disability for which special arrangements at University would be required?  
 Yes/No, give details:.....

2.14 Do you wish to be considered for admission to residence:..... Yes/No (Delete inapplicable)

Disability Code  
 Residence Priority



5. **DEGREE PROGRAMME PREFERRED-Undergrad/Postgrad/Diploma (Tick)**

e.g. Degree Programme  
Bachelor of Agriculture

**Options Preferred**  
Crop Science          Horticulture

TITLE OF DEGREE IN ORDER OF PREFERENCE	OPTIONS PREFERRED	
1 <sup>st</sup> Choice	1 <sup>st</sup> Option	2 <sup>nd</sup> Option
2 <sup>nd</sup> Choice		
3 <sup>rd</sup> Choice		

6. **FURTHER RELEVANT INFORMATION**

6.1 **Details of Employment and Experience (in chronological order)**

Date (From:.....To:.....)      EMPLOYER/OCCUPATION      JOB DESCRIPTION/DUTIES

.....

.....

.....

.....

.....

6.2 Present Employment:.....

6.3 Period of Notice required by Present Employer:.....

6.4 Names and Addresses of Two Referees:.....

7. **PROSPECTIVE SPONSOR(S)**

(e.g. self; government; or other organization: Please state name)

ARE YOU A BINDURA UNIVERSITY STAFF DEPENDANT (i.e. wife, husband or child)

ARE YOU A BINDURA UNIVERSITY STAFF MEMBER: Yes/No

IF "YES", PLEASE GIVE NAME, DEPARTMENT AND TELEPHONE EXTENSION OF STAFF MEMBER:.....

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I DECLARE THAT THE INFORMATION I HAVE GIVEN IS CORRECT, AND THAT SHOULD IT BE FOUND TO BE FALSE, MY APPLICATION WILL BE DISQUALIFIED AND I WILL FACE LEGAL ACTION.

SIGNATURE OF APPLICANT:.....DATE

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ACKNOWLEDGMENT RECEIPT

NAME .....

ADDRESS .....

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DEGREE PROGRAMME .....

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