

CELL NO..... FAX NO.....

E-MAIL ADDRESS.....

10. PERMANENT HOME ADDRESS (if different from address given above)

.....

 POSTCODE.....

FROM (day/month/year)..... TO.....

TELEPHONE NO. Daytime/Work..... Evening/Home.....

FAX NO.....

E-MAIL ADDRESS.....

11. NATIONALITY.....

12. COUNTRY OF BIRTH.....

13. NEXT OF KIN.....

(a) ADDRESS (b) RELATIONSHIP

(c) TELEPHONE

14. OUTLINE OF PROGRAMME/RESEARCH INTERESTS

Please give a brief outline of your proposed research topic or interests. If you have a detailed research proposal (not more than 10 pages) this may be attached. For Taught programmes, please indicate on a separate sheet (not more than 250 words) why you have chosen to apply for the programme.

15. ACADEMIC HISTORY

Higher education institutions attended and qualifications obtained (you must apply full dates).

Institution	Dates of attendance	Qualifications awarded and Class of Honours (if any) GPA if applicable or prediction of award	Area of specialization

Other information relevant to your academic history:

ENGLISH LANGUAGE QUALIFICATION(S)

Note: Students without English as their first language should enclose a copy of their English Language qualification(s)

Please specify your formal English language qualification(s) by ticking the relevant box with results obtained and the date(s) you took the test or will be taking the test.

SCORE

DATE OBTAINED

CXC

Fax No

Fax No

E-mail address.....

E-mail address.....

20. PLEASE CHECK THAT YOUR APPLICATION IS COMPLETE AND THAT YOU HAVE ENCLOSED ALL THE RELEVANT DOCUMENTS.

- Certified copy of birth certificate
- Recommendation for Admissions to be completed and signed by referees
- Certified copies of certificates/degrees
- Official Transcript of studies (To be sent from tertiary institution)
- TRN card for number to be noted. (Passport for foreign nationals)
- Two certified passport sized pictures. (Signed by a Justice of the Peace OR Notary Public)
- Outline of proposed research (for research courses)
- Statement of purpose – 250 words (for taught courses)

21. DECLARATION

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT

Signature.....

Date.....

Format: DD/MM/YY

FOR OFFICIAL USE ONLY

ACCEPT-UNCONDITIONAL

ACCEPT-CONDITIONAL

CONDITIONS.....
.....
.....

REJECT REASON(S):

RESEARCH STUDENTS:

PRINCIPAL SUPERVISOR

_____/_____
PRINT NAME / SIGNATURE

DATE (DD/MM/YY)

OTHER SUPERVISOR(S)

_____/_____
PRINT NAME / SIGNATURE

DATE (DD/MM/YY)

DEAN

_____/_____
PRINT NAME / SIGNATURE

DATE (DD/MM/YY)

FACULTY GRADUATE STUDIES CO-ORDINATOR

_____/_____
PRINT NAME / SIGNATURE

DATE (DD/MM/YY)

VP, GRADUATE STUDIES, RESEARCH AND ENTREPRENEURSHIP

_____/_____
PRINT NAME / SIGNATURE

DATE (DD/MM/YY)