



Application for Graduate Admission

1. Complete all the required items.
2. Print in BLOCK LETTERS and tick where appropriate.
3. A non-refundable application fee is required.

INTAKE (Please tick)

MARCH ☐

AUGUST ☐

MODE OF STUDY (Please tick)

CONVENTIONAL ☐

PARALLEL ☐

BLOCK RELEASE ☐

ONLINE ☐

SECTION A : PERSONAL DETAILS

Surname																															
First Name																															
Middle Name																															
Surname(If different from above)																															
Have you ever been registered at Africa University (Please tick)															<input type="checkbox"/> Yes					<input type="checkbox"/> No											
If YES, please enter student registration number																															
Nationality																															
Country of Permanent Residence																															
Zimbabwean ID #										Passport Number																					
Date of Birth										D		D		M		M		Y		Y		Y		Y		Gender (Please tick)		<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Marital Status (Please tick)										<input type="checkbox"/> Married					<input type="checkbox"/> Single					<input type="checkbox"/> Divorced					<input type="checkbox"/> Widowed						
Permanent Address																															
Mailing Address																															
Postal Code					Telephone Dialing Code <i>International applicants to supply country and area code</i>										Telephone Number					Fax #											
Email Address																															
Do you have any disability																															
If yes,(please tick):					<input type="checkbox"/> Visually impaired					<input type="checkbox"/> Motor impaired					<input type="checkbox"/> Hearing impaired					<input type="checkbox"/> Speech impaired											
Do you suffer from a chronic illness? (please tick)										<input type="checkbox"/> Yes					<input type="checkbox"/> No																
If yes, please specify;																															
Do you suffer from any other disability?										<input type="checkbox"/> Yes					<input type="checkbox"/> No																
If yes, please specify;																															
Do you use a wheelchair? (Please tick)										<input type="checkbox"/> Yes					<input type="checkbox"/> No																
If yes, please specify;																															

SECTION B : PROGRAMME OF STUDY FOR WHICH YOU ARE APPLYING

Choice	College Name	Degree Programme
1st Choice e.g. MBA,MTS or EMBA		
2nd Choice		
For MTS Programme, specify your major and minor areas		
Major Area	Minor Area	

SECTION C : EDUCATIONAL BACKGROUND

Matriculation Instructions

Fill in the names of schools , Polytechnic Colleges and other Tertiary institutions attended with qualifications obtained in the table below ***Note: Applicants must submit certified copies of certificates/transcripts to prove the stated qualifications***

SC "O" Level or Equivalent

School Name																			
School Address																			
From e.g. 1998					To e.g. 2005					Examining Authority (in abbreviated form e.g. ZIMSEC)									
Subject					Grade					Subject					Grade				
1.										6.									
2.										7.									
3.										8.									
4.										9.									
5.										10									

SC/GCE "A" or Equivalent

School Name																			
School Address																			
Dates Attended										Examining Authority									
From e.g. 1998					To e.g. 2005														
Subject										Grade									
1.																			
2.																			
3.																			
4.																			

SECTION D : HIGHER EDUCATION

List all periods of registration at other Universities, Technical Colleges and Teacher Training Colleges. Please enclose certified copies of your certificates/result statements.

Year								Tertiary Institution	Qualification obtained
From				To					

SECTION E : PROFESSIONAL QUALIFICATIONS

List relevant professional qualifications and / or member in professional institutions

Year								Awarding Institution	Professional Qualification	Place/ Country
From				To						

SECTION F : WORK EXPERIENCE

Name of Employer																			
Dates Employed																			
From	To	Job Title																	
		Responsibilities																	
Name of Employer																			
Dates Employed																			
From	To	Job Title																	
		Responsibilities																	
Name of Employer																			
Dates Employed																			
From	To	Job Title																	
		Responsibilities																	

SECTION G : AUTOBIOGRAPHICAL STATEMENT

On a separate sheet of paper, in no more than 1500 words, give a description of your activities and employment since acquiring your first degree/professional qualifications, relating them to your career objectives. Discuss the importance of the graduate degree training with respect to your career goals.

SECTION H : ENGLISH LANGUAGE COMPETENCY

For applicants from a non-English speaking background. Applicants are advised English is the language of instruction at Africa University. Qualified applicants from non-English speaking background may register a one-year Intensive English programme prior to starting their degree. **Note: Any new student to Africa University has to write a diagnostic English Test**

Are you able to follow a course of study taught in English? (Please tick)

☐ Yes

☐ No

List any formal English Language qualifications with results obtained (e.g. TOEFL, GCE, GSCE)



English Qualification	Result	Dates							
		D	D	M	M	Y	Y	Y	Y

SECTION I : FINANCES (If sponsored attach proof of sponsorship)

How do you intend to finance your studies at Africa University? (Please tick below)

☐ Self

☐ Family

☐ Employer

☐ Scholarship

Name of sponsor (if not self)

Address of sponsor

Sponsor's telephone number

Sponsor's email address

SECTION J : PLEASE INDICATE HOW YOU HEARD ABOUT AFRICA 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 main source of information about Africa University? Choose one option only below

☐ Advertisement

☐ School visits

☐ Africa University website

☐ Church/Conference

☐ Career Exhibition

☐ Friends/family

☐ Friends/family studying at AU

☐ Alumni

☐ Others (Specify)

SECTION K : GENERAL COMMENTS

(Specify any other information which you think is relevant to support your application)

SECTION L**DECLARATION AND UNDERTAKINGS BY APPLICANT**

1. I have read and understood the contents of this application. I declare that to the best of my knowledge and belief, the above information is correct and that should the information be found incorrect and misleading, my application may be invalidated.
2. I undertake to abide by the rules of the University.
3. I hold myself responsible for the payment of all fees and other charges due and payable by me to the University for both first and second semesters of each year as prescribed in the University's Terms of Payment. If I am in arrears, I will be liable to pay interest at the rate determined by the University from time to time from due date until date of payment. I will be liable for all costs of recovery, including fees charged by attorneys on the scale as attorney and client and collection commission. I understand that payments received will be allocated to clear unpaid interest first, then the debt. If I inform the Registrar in writing by the date prescribed in the rules of the University that I do not propose to return for the second semester I will not have to pay the second semester fees. I have read and understood the rules on fees and fee payments as applicable.
4. I hereby waive all claims against the University of any damages or loss suffered while I am, or as a consequence of my being, a student of the University and arising out of death, bodily injury, loss of health or illness suffered by me or any other person and loss or destruction of, or damage to any property belonging to me or any other person, howsoever such damage or loss is caused, including but not limited through the negligence of the University or any official, employee or representative of the University. I or my estate hereby indemnifies the University against any claims by any person arising in any way as stated above in respect of my own negligent or willful acts or omissions.

Signature of Applicant

Date.....

SECTION M**: APPLICATION FEE (*please do not enclose cash*)**

(For International Students Use Foreign Currency) Make Bank certified cheques payable to Africa University

Enter amount enclosed	US\$														
Official Use only															
Receipt number						Date	D	D	M	M	Y	Y	Y	Y	Amount Received

SECTION N :CHECKLIST

Your application will not be considered if it is incomplete, incorrect, or if the required documents are not attached.	(Please tick)
Have you completed pages 1,2,3,4, and 5 of this form?	<input type="checkbox"/>
Have you signed this form? Check page 5)	<input type="checkbox"/>
Have you paid or enclosed an appropriate application fee?	<input type="checkbox"/>
Have you filled in your correct date of birth?	<input type="checkbox"/>
Have you enclosed certified copies of your certificates?	<input type="checkbox"/>
If you have attended a higher education institution, have you enclosed a certified copy of your academic transcript and certificate of conduct?	<input type="checkbox"/>
If you are a Theology applicant, have you enclosed your reference letters and your autobiographical statement? (Section F & G)	<input type="checkbox"/>
<p>Return the completed forms and documentation to this address: The Assistant Registrar, Academic Affairs Africa University P.O. Box 1320 Mutare, Zimbabwe</p> <p>For any enquiries contact us at: Tel: +263-20-60075 ext. 1196/1205 Fax: +263-20-61785/66783 Email: studentrecruitment@africau.edu or applications@africau.edu</p>	