



UNDERGRADUATE ADMISSION APPLICATION FORM

NB: First read the NOTES in Section 5 and then complete all sections of the form but DO NOT write in the boxes which are for official use only. Print this document clearly in block letters in the blank boxes and on the dotted lines as required. **PAYMENT CAN BE MADE AT THE BANK.**

NAME OF DEGREE PROGRAMME (a) 1st Choice-----

(b) 2nd Choice.....

(c) 3rd Choice.....

HOW DID YOU KNOW ABOUT WOMEN'S UNIVERSITY IN AFRICA?

Newspaper TV Friend Other

Session : DAY EVENING WEEKEND HOLIDAY/BLOCK

1.0 PERSONAL DETAILS

1.1 SURNAME (S) -----

1.2 TITLE: MR/MRS/MS/DR/MISS/REV/SR-----

1.3. FORENAME (S) -----

1.4. DATE OF BIRTH e.g. Day (20) Month (01) Year (1952)

D	D	M	M	Y	Y	Y	Y

1.5 MARITAL STATUS e.g. Married (M); Sing (S); Dived (D); Wided (W)

1.6 PREVIOUS SURNAME (if any) -----

1.7 PLACE OF BIRTH -----

1.8 SEX: Male (M); Fee (F)

1.9 NATIONAL ID NUMBER----- (Attach certified copy of ID)

1.10 ANY DISABILITY? YES NO

IF YES STATE DISABILITY

.....

1.11 NATIONALITY-----

1.12 RELIGION -----

1.13 ARE YOU A PERMANENT RESIDENT OF ZIMBABWE? Yes (Y); No (N) -----
 IF 'NO' WHAT PERMIT DO YOU HOLD, IF ANY? ----- (Attach certified copy)

1.14 CITIZENSHIP -----

1.15 PERIOD/YEARS OF RESIDENCE IN ZIMBABWE -----

1.16 (a) HOME ADDRESS (b) NEXT OF KIN ADDRESS

TELEPHONE NUMBERS: CELL NUMBER -----
 BUSINESS-----
 CELL NO----- E-Mail Address -----

1.17 NEXT OF KIN

2.0 FOR OFFICIAL USE ONLY

Birth Certificate	<input type="checkbox"/>	2.1 DATE OF RECEIPT -----
Marriage	<input type="checkbox"/>	2.2 RECEIPT NO-----
ID	<input type="checkbox"/>	2.3 AMOUNT-----
'O'	<input type="checkbox"/>	2.4 APPLICATION AND TYPE OF ENTRY
'A' Level	<input type="checkbox"/>	APPLICATION NO-----
Other.----- (Specify)		SPECIAL -----
		MATURE -----
		REPEAT -----
		2.5 DATE OF DISPATCH -----
		2.6 DATE RECEIVED -----

5.3 Applicant should submit this form to the **Admissions Office, Women's University in Africa, 549 ARCTURUS ROAD ,MANRESA**

5.4 All applicants **MUST** submit with this form, certified photocopies (not originals) of all qualifications/certificates referred to in the application, including birth certificate and National Identify Document. The copies of the certificates must be verified by a Commissioner of Oaths or Head/Principal of the institution at which the examinations were taken.

5.5 (a) Applicants must give careful thought to their choice of degree programme in relation to the entry requirements for that programme. No change of programme will be entertained.

(b) Applicants who are in doubt regarding the selection of preference should seek advice from the Admissions Office before completing the application form.

6.0 NAME AND ADDRESS OF TWO REFEREES

6.1-----	6.2-----
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7.0 CHECKLIST

- 7.1 HAVE YOU COMPLETED SECTIONS 1, 3, 4, 6, 7 & 8 (Delete the inapplicable) YES/NO
- 7.2 HAVE YOU SIGNED THE FORM? YES/NO
- 7.3 HAVE YOU FILLED IN YOUR CORRECT DATE OF BIRTH? YES/NO
- 7.4 HAVE YOU ENCLOSED A CERTIFIED COPY OF YOUR
 - (i) BIRTH CERTIFICATE? YES/NO
 - (ii) NATIONAL IDENTITY CARD? YES/NO
 - (iii) 'O' LEVEL CERTIFICATE? YES/NO
 - (iv) 'A' LEVEL CERTIFICATE? YES/NO
 - (v) OTHER CERTIFICATE(S) (Specify) YES/NO
 - (vi) C.V YES/NO

N.B: IF YOUR ANSWER TO ANY OF THE ABOVE QUESTIONS IS 'NO', PLEASE EXPLAIN



8.0 ARE YOU A WUA STAFF DEPENDANT? YES NO
 ARE YOU A WUA STAFF MEMBER? YES NO

9.0 ANY SPORTING ACTIVITY.....INDICATE IF APPLICABLE

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.

N.B BEFORE YOU SIGN AND DATE THIS FORM, PLEASE CHECK THAT YOU HAVE COMPLETED EACH SECTION AND THAT THE INFORMATION IS CORRECT. WUA has no agents or third parties who sell application forms on behalf of the University. ALL payments should be made directly to Women’s University in Africa.

FOR PSYCHOLOGY AND EMERGENCY MEDICAL CARE APPLICANTS

Please note as per the Health Professions Act Chapter 27:19, the health profession that you are training in is a “protected profession” in Zimbabwe. This means that no one under this Act, should train or practice in the profession without registering with the regulator, Allied Health Practitioners Council of Zimbabwe. You are expected to register now, as a student in training with the Council and as a health practitioner upon completion of program.

APPLICANT’S SIGNATURE: ----- DATE-----/-----/-----

IMPORTANT NOTES TO NEW STUDENT

YOUR REGISTRATION WILL NOT BE COMPLETE/FINALISED UNTIL BOTH THIS DEED OF SURETYSHIP HAS BEEN COMPLETED, SIGNED AND SUBMITTED TO THE FINANCE DEPARTMENT

I..... (Full names of Surety,

ID Number(Relationship to Student).....

do hereby guarantee and bind **MYSELF to Women’s University in Africa**, jointly and severally, as surety and co-principal debtor with

(Students’ name).....

(Registration Number).....and (ID Number).....

For the due and punctual full payment on demand of all Student’s debts and liabilities to **Women’s University in Africa** whether owing or incurred at anytime in the future and for the due and punctual fulfillment of all the student’s obligations to **Women’s University in Africa**.

I hereby agree that this Suretyship shall remain in force until such time as I terminate by giving **Women’s University in Africa** written notice of withdrawal from the suretyship. I further agree that my notice of withdrawal shall only be given at a time when all debts and obligations of the said to **Women’s University in Africa** have been paid in full, and will only take effect at the end of an academic period or year during which it is given. I am aware that my liability to **Women’s University in Africa** will still continue in respect of any of the Student’s debts which arose before the date on which my notice of withdrawal takes effect.

I renounce the “*beneficium ordinis seu execussionis et divisionis*” and acknowledge that I am either acquainted with or have established the full force and effect of such renunciation.

Furthermore this guarantee shall similarly remain in force as continuing covering security as regards me or one or more of us, notwithstanding she/he may ceased to bind one or more of the other undersigned, if any, on account of the aforementioned notice, insolvency or otherwise.

At the option of the said **Women’s University in Africa** any claim arising hereunder may be recovered in any High Court of Zimbabwe, or in any Magistrate Court having jurisdiction in respect of OUR persons(s) notwithstanding the amount of the claim, and I hereby consent to the jurisdiction of any such Magistrate Court.

Furthermore, for the purpose of this guarantee and of any proceedings, which may be instituted by virtue hereof, I have chosen “*domicilium citandi et executandi*” at,
HARARE.

[Postal Address]

[Email]

[Cell Number]

.....
.....
.....

{Name and Address of Employer}

[Tel No.]

.....
.....
.....
.....

Date and Signed at.....thisday of2023

[Signature]

WITNESSES:

- 1. _____
- 2. _____

Commissioner of Oaths