



UNIVERSITY OF BOTSWANA

APPLICATION FORM FOR UNDERGRADUATE ADMISSION

YEAR _____

1. PERSONAL DATA

Applicant's Surname: _____ First-Name(s): _____ Title: Mr/Ms/etc

National Registration/ Omang Number (if applicable): _____ Gender: M/F

Previous Names (if changed attach copy of proof of change of Names to this Form): _____

Marital Status: Single/Married/Divorced/Widowed (Tick as appropriate)

Date of Birth: Day ___ Month ___ Year ___ Country of citizenship: _____

Correspondence Address: [to which all correspondences regarding this application should be sent and please include your contact number, more especially the one for your Mobile)

Tel. No: _____ Fax No: _____

Mobile No: _____ E-mail: _____

For International Applicants ONLY: Are you or your parents/guardian resident in Botswana Yes: No:

If Yes, please provide proof of resident status by attaching a Copy of each of the following: Tax certificate, payslip and resident permit for your parents /guardian

2. DETAILS OF NEXT OF KIN: Father/Mother/Guardian/Spouse (Tick as appropriate)

Full Names: _____

Title: Mr/Mrs etc. _____

Postal Address _____

Tel. No: _____

Mobile No: _____

3. GENERAL INFORMATION

Have you attended this University before? Yes: No:

If YES, state programme and last date of attendance:

Programme: _____ Date: _____

What was your Student Number? _____

If you did not complete the programme, state reason(s)

If NO, state your current University and programme:

4. DISABILITY DETAILS:

Do you have any disability? Yes: No:

If Yes, please state the nature of your disability: _____

5. SELECT TWO PROGRAMMES OF STUDY AT THIS UNIVERSITY IN ORDER OF PREFERENCE

	PROGRAMME NAME	OFFERING MODE		
		FT	PT	DL
1				
2				

If applying for Diploma in Accounting & Business Studies (DABS), please state the name of the Centre: _____

6. FINANCIAL SUPPORT (please state your expected sponsor): _____

7. EDUCATIONAL DATA (Starting with senior secondary education, give up to a maximum of 2 most recent schools/institutions attended. State whether full-time (FT) or Part-time (PT))

Name & Location of School/Institution	FROM		TO		FT/PT
	Month	Year	Month	Year	

8. EXAMINATION TO BE TAKEN, OR WITH RESULTS PENDING (IF NONE, WRITE "NONE")

Name of Examination	Examination Date(s)	
	Month	Year

9. EMPLOYMENT DETAILS (Details of your employer(s) within the past 2 years, if any)

Name, Address, Telephone & Facsimile	Job Title and its description	FROM		TO	
		Month	Year	Month	Year

10. REQUIRED DOCUMENTS

Make sure that you have enclosed the following items where applicable:

- | | |
|--|---|
| <ul style="list-style-type: none">a. Application Fee receiptb. A certified copy of the National Identity Card/Passport (Omang for citizens)c. Certified copies of the following: Senior Secondary School certificate, Post School certificate & Transcriptd. Copy of proof of change of surname | <ul style="list-style-type: none">e. Certified copy of Registration Certificate/card or Nursing Licencef. Certified copy of Statement of results (from Examining Council/Body) <p>NB: The original statement of results is required for foreign qualifications</p> |
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11. APPLICATION FORM COLLECTION

Please state the name of the place where you collected this Application Form: _____

12. DECLARATION BY APPLICANT

I declare that all the information is true and correct to the best of my knowledge and belief. I am aware that the University reserves the right to reject any application and or withdraw and cancel any offer of admission should all or part of the above information be found to be untrue and or incorrect, or if an offer was erroneously made. I agree that if I am accepted at the University I shall be under the disciplinary control of the University authorities and I undertake to acquaint myself with, and to conform to the rules and regulations of the University.

Signature: _____ **Date** _____

FOR OFFICIAL USE ONLY

Application Fee Receipt No.: _____

Name of Recipient: _____

Date of Receiving Form: _____

Signature of Recipient: _____