



## MASTERS DEGREE IN INTELLECTUAL PROPERTY (MIP)

### APPLICATION FOR ADMISSION

1. Complete the required items
2. Print in **BLOCK LETTERS** and tick (✓) where appropriate

| SECTION A   |  | : PERSONAL DETAILS |         |   |                          |   |               |                                |                             |                          |                          |        |                          |  |         |  |                          |  |  |
|---|--|--------------------|---------|---|--------------------------|---|---------------|--------------------------------|-----------------------------|--------------------------|--------------------------|--------|--------------------------|--|---------|--|--------------------------|--|--|
| Surname   |  |                    |         |   |                          |   |               |                                |                             |                          |                          |        |                          |  |         |  |                          |  |  |
| First Name  |  |                    |         |   |                          |   |               |                                |                             |                          |                          |        |                          |  |         |  |                          |  |  |
| Middle Name   |  |                    |         |   |                          |   |               |                                |                             |                          |                          |        |                          |  |         |  |                          |  |  |
| Surname(If different from above)  |  |                    |         |   |                          |   |               |                                |                             |                          |                          |        |                          |  |         |  |                          |  |  |
| Have you ever been registered at Africa University <i>(Please tick)</i> |  |                    |         |   |                          |   | Yes           | <input type="checkbox"/>       | No                          | <input type="checkbox"/> |                          |        |                          |  |         |  |                          |  |  |
| If YES, please enter student registration number                        |  |                    |         |   |                          |   |               |                                |                             |                          |                          |        |                          |  |         |  |                          |  |  |
| Date of Birth   | D  | D                  | M       | M | Y                        | Y | Y             | Y                              | Gender <i>(Please tick)</i> | Male                     | <input type="checkbox"/> | Female | <input type="checkbox"/> |  |         |  |                          |  |  |
| Place of Birth  |  |                    |         |   |                          |   |               | Country of Birth               |                             |                          |                          |        |                          |  |         |  |                          |  |  |
| Nationality   |  |                    |         |   |                          |   |               | Country of Permanent Residence |                             |                          |                          |        |                          |  |         |  |                          |  |  |
| ID No. (if applicable)  |  |                    |         |   |                          |   |               | Passport No.                   |                             |                          |                          |        |                          |  |         |  |                          |  |  |
| Marital Status <i>(Please tick)</i>                                     |  |                    | Married |   | <input type="checkbox"/> |   | Single        |                                | <input type="checkbox"/>    |                          | Divorced                 |        | <input type="checkbox"/> |  | Widowed |  | <input type="checkbox"/> |  |  |
| Physical Address:   |  |                    |         |   |                          |   |               |                                |                             |                          |                          |        |                          |  |         |  |                          |  |  |
|   |  |                    |         |   |                          |   |               |                                |                             |                          |                          |        |                          |  |         |  |                          |  |  |
| Mailing Address:  |  |                    |         |   |                          |   |               |                                |                             |                          |                          |        |                          |  |         |  |                          |  |  |
|   |  |                    |         |   |                          |   |               |                                |                             |                          |                          |        |                          |  |         |  |                          |  |  |
| Postal Code   | Telephone Dialing Code <i>International applicants to supply country and area code</i> |                    |         |   |                          |   | Telephone No. |                                |                             |                          |                          |        | Fax No                   |  |         |  |                          |  |  |
|   |  |                    |         |   |                          |   |               |                                |                             |                          |                          |        |                          |  |         |  |                          |  |  |
| Email Address   |  |                    |         |   |                          |   |               |                                |                             |                          |                          |        |                          |  |         |  |                          |  |  |

**SECTION B : EDUCATIONAL BACKGROUND**

Fill in the names of secondary schools attended with qualifications obtained in the table below  
Note: Applicants must submit certified copies of certificates/transcripts to prove the stated qualifications

School Certificate “Ordinary ” Level or Equivalent

School Name

School Address

From e.g. 1998

To e.g. 2002

Examining Authority:

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

| Subject |  | Grade | Subject |  | Grade |
|---------|--|-------|---------|--|-------|
| 1.      |  |       | 6.      |  |       |
| 2.      |  |       | 7.      |  |       |
| 3.      |  |       | 8.      |  |       |
| 4.      |  |       | 9.      |  |       |
| 5.      |  |       | 10.     |  |       |

Higher School Certificate / General Certificate of Education “Advanced Level” or Equivalent

School Name

School Address

From e.g. 1998

To e.g. 2002

Examining Authority:

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

| Subject |  | Grade | Subject |  | Grade |
|---------|--|-------|---------|--|-------|
| 1.      |  |       | 6.      |  |       |
| 2.      |  |       | 7.      |  |       |
| 3.      |  |       | 8.      |  |       |
| 4.      |  |       | 9.      |  |       |
| 5.      |  |       | 10.     |  |       |

**SECTION C : 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 D : PROFESSIONAL QUALIFICATIONS**

List relevant professional qualifications and / or member in professional institutions

| Year |    | Awarding Institution | Professional Qualification | Place/ Country |
|------|----|----------------------|----------------------------|----------------|
| From | To |                      |                            |                |
|      |    |                      |                            |                |
|      |    |                      |                            |                |
|      |    |                      |                            |                |
|      |    |                      |                            |                |

**SECTION E : WORK EXPERIENCE (3 most recent jobs where applicable)**

Name of Employer:

Dates Employed : From:

To:

Job Title:

Responsibilities:

Name of Employer:

Dates Employed: From:

To:

Job Title:

Responsibilities:





**SECTION J: : 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 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:** .....

(Where necessary/applicable)

The Nomination is approved by **(name and title of authorizing authority)** \_\_\_\_\_

\_\_\_\_\_ in accordance with local rules.

**Date** \_\_\_\_\_ **Signature of authorizing authority and Officer's Stamp** \_\_\_\_\_

**For Admission Office Use only**

Date application received: \_\_\_\_\_

Decision: Applicant admitted: \_\_\_\_\_ IPLG \_\_\_\_\_

Decision: Applicant admitted: \_\_\_\_\_ Application rejected \_\_\_\_\_

**SECTION K : CHECKLIST**

| <b>Your application will not be considered if it is incomplete, incorrect, or if the required documents are not attached.</b> | (Please tick)            |
|---|--------------------------|
| Please check the correctness of the information you have provided on the preceding pages of this form.                        | <input type="checkbox"/> |
| Have you signed the form?   | <input type="checkbox"/> |
| Have you enclosed certified copies of your academic certificates, professional certificates and transcripts?                  | <input type="checkbox"/> |

The completed Application Form and supporting documents should be addressed to:

The Assistant Registrar-Academic Affairs  
Africa University  
P. O. Box 1320  
**Mutare, Zimbabwe**

**Tel:** +263-20-60075 ext 339/329  
**Fax:** +263-20-61785/66783  
**Email:** [academic@africau.edu](mailto:academic@africau.edu)  
**Website:** <http://www.africau.edu>

The deadline for submission of the Application Form and Certificates is **28 February, 2016**