



Application for Undergraduate Admission

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

Admissions Office Use Only	
Course	
To Faculty	Acknow:
Faculty Decision	Offer Date:
Category	<input type="checkbox"/> National <input type="checkbox"/> International
Applicant's reply	
Fee Status	<input type="checkbox"/> Self <input type="checkbox"/> Scholarship <input type="checkbox"/> Sponsored
Other Remarks	

SECTION A : PERSONAL DETAILS

Surname																																				
First Name																																				
Middle Name																																				
Maiden Name																																				
Have you ever been registered at Africa University <i>(Please tick)</i>																									<input type="checkbox"/> Yes			<input type="checkbox"/> No								
If YES, please enter student registration number																																				
Nationality																																				
Country of Permanent Residence																																				
National ID #												↓			Passport Number												↓									
Date of Birth		D	D	M	M	Y	Y	Y	Y	Gender <i>(Please tick)</i>														<input type="checkbox"/> Male			<input type="checkbox"/> Female									
Marital Status <i>(Please tick)</i>																									<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? <i>(please tick)</i>															<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? <i>(Please tick)</i>															<input type="checkbox"/> Yes					<input type="checkbox"/> No																
If yes, please specify;																																				

SECTION B : PROGRAMME OF STUDY FOR WHICH YOU ARE APPLYING

Please specify the academic year sought for enrolment: e.g. August 2006 →		
Choice	Faculty Name	Degree Programme
1st Choice e.g. B.Sc., B.Sc. Ed., use information sheet provided		
2nd Choice		
For applicants to the Faculty of Education Only. List your two teaching subjects		
1st Subject	2nd Subject	

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 <i>Note: Applicants must submit certified copies of certificates/transcripts to prove the stated qualifications</i>	
School Certificate "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
1.	6.
2.	7.
3.	8.
4.	9.
5.	10
School Certificate /General Certificate of Education "A" Level 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 : WORK EXPERIENCE (List any full time or voluntary work you have engaged in)

.Name of Employer/Organisation																			
Address of Employer/Organisation																			
Year								Job Title	Responsibility										
From				To															

SECTION F : CHURCH INFORMATION

To be completed by the Faculty of Theology applicants only

What is your church affiliation?																				
Name the local church or parish where you are currently a member																				
Are you ? (Please tick)	<input type="checkbox"/> Ordained		<input type="checkbox"/> Licensed		<input type="checkbox"/> Commissioned				<input type="checkbox"/> Other (specify)											
List your church employment beginning with your most recent position, including both paid and voluntary status.																				
Name of church	Position								Country						Dates					

SECTION G : LETTERS OF RECOMMENDATION & AUTOBIOGRAPHICAL STATEMENT

For Faculty of Theology applicants only.

Submit the recommendations together with your application form. Attach recommendation from
Your Pastor/Priest, stating your membership and character and
Your Bishop/President/General Secretary, with reference to your church, financial, moral and spiritual support.

List below the names and addresses of 2 persons who are recommending you for Theological studies

Your Pastor/ Priest	
Your Bishop/President/General Secretary	

AUTOBIOGRAPHICAL STATEMENT

Please compose and type or print clearly a 2-4-page essay that expresses who you are, documents your spiritual primage and highlights your life experiences. This essay should include information on significant life experiences, which affected your view of self, God and the world. In addition, you should reflect on ministerial experience, spiritual growth, your calling and vocational goals. Insights into a major personal, social or political issue that concerns you and your reasons for choosing the Faculty of Theology at Africa University.

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 for 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)

<input type="checkbox"/> Self	<input type="checkbox"/> Family	<input type="checkbox"/> Employer	<input type="checkbox"/> Scholarship
Name of sponsor (if not self)			
Address of sponsor			
Sponsor's telephone number			
Sponsor's email address			

SECTION J : GENERAL COMMENTS

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

SECTION K : 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

<input type="checkbox"/> Advertisement	<input type="checkbox"/> School visits	<input type="checkbox"/> Africa University website
<input type="checkbox"/> Church/Conference	<input type="checkbox"/> Career Exhibition	<input type="checkbox"/> Friends/family
<input type="checkbox"/> Friends/family studying at AU	<input type="checkbox"/> Alumni	<input type="checkbox"/> Others (Specify)

SECTION L DECLARATION AND UNDERTAKINGS BY APPLICANT

- 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.
- If I am a minor, my admission to the University is subject to consent of my parent/ guardian.
- I undertake to abide by the rules of the University.
- 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.
- 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 (if over 18)	Date:
Signature of Parent/ Legal Guardian or Next-of-Kin (if under 18)	Date

* Note: An applicant under the age of 18 must have this form signed by either his/her parents. Where an applicant has no parents (e.g. they are deceased) a legal guardian is normally officially appointed: In such cases the legal guardian must sign this form. If you do not have a parent or legal guardian, a responsible adult family member (next-of-kin) or other responsible adult who is prepared to make the declaration and undertaking, must sign with you. The details of this person must be listed under parent/guardian or next of kin section of this form (Section F)

Application Fee : PLEASE DO NOT ENCLOSE CASH

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

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

Checklist**: Your application will not be considered if it is incomplete or incorrect, or if the following documentation is 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 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"/>

Return the completed forms and documentation to this address:

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

For any enquiries contact us at:

Tel: +263-20-60075 or 60026 ext. 1196/1205

Fax: +263-20-61785/66783

Email: applications@africau.edu or studentrecruitment@africau.edu