

## EDUCATIONAL BACKGROUND

Please list three most recent educational institutions you have attended:	Years attended		Full time/Part Time
	From	To	
<i>College/ University</i>			
<i>Senior Secondary / High School</i>			
<i>Junior Secondary School</i>			
<i>Primary School</i>			

## ACADEMIC HISTORY

Name of Examination : (BGCSE/IGCSE/A LEVEL)	Examination Year
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### Grades obtained

Subject:	Grade:	Subject:	Grade:

**Please attach a certified copy of your transcript or official result slip and certificates of all academic records. If you do not have your final grades please attach your most recent grades.**

## MEDICAL INFORMATION

1. Are you suffering from any medical condition/ allergies? Yes  No
2. Do you require any academic or physical assistance due to a disability (provide details separately) : Yes  No

If Yes to any of the questions above, please attach a report or a proof from a registered doctor.

**Please note that this information will be kept confidential.**

## HOW DID YOU HEAR ABOUT US (Please Tick one)

- |   |   |
|---|---|
| 1. School Career Fair / HRDC Fair <input type="checkbox"/>      | 9. Newspaper <input type="checkbox"/>                     |
| 2. Science Circus Shows/ Stem Festival <input type="checkbox"/> | 10. Family / Friends <input type="checkbox"/>             |
| 3. Campus Visit / Open Day <input type="checkbox"/>             | 11. BIUST Website <input type="checkbox"/>                |
| 4. University Road Shows <input type="checkbox"/>               | 12. Other (Please Specify) <input type="checkbox"/> ..... |
| 5. Trade Fairs <input type="checkbox"/>                         |   |
| 6. Television <input type="checkbox"/>                          |   |
| 7. Radio <input type="checkbox"/>                               |   |
| 8. Facebook /Social Media <input type="checkbox"/>              |   |

## APPLICANT CHECKLIST

Complete application form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A certified copy of statement of result / transcript from examining body (e.g BGCSE)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A certified copy of statement of result / transcript of tertiary institution attended (if applying for progression or readmission)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A certified copy of Omang / Birth Certificate for Batswana or Passport for International applicants	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A certified copy of proof of change of surname	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Application fee or proof of payment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Official documentation of financial support	Yes <input type="checkbox"/>	No <input type="checkbox"/>
English Test Score Results	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## DECLARATION

I declare that all the information provided in my application is accurate to the best of my knowledge and belief. I am aware that the University reserves the right to reject my application and /or withdraw and cancel my offer of admission should any information be found to be untrue and or incorrect. I confirm that if I am accepted at University I shall abide by the rules and regulations of the university.

Signature .....

Date .....

### FOR OFFICIAL USE ONLY

VERIFIED BY: .....

SIGNATURE: .....

DATE: .....

# Undergraduate Application Form

PLEASE ENSURE YOU COMPLETE THIS FORM IN BLOCK CAPITALS

Level of Entry: Year 1  Year 2  Year 3  Year 4  Year 5  Points

## APPLICANT INFORMATION

NAME(S)		SURNAME	
TITLE (MR/MS/MRS)		MARITAL STATUS	
GENDER		ID / PASSPORT NO	
NATIONALITY		PHYSICAL ADDRESS (Plot #)	
DATE OF BIRTH (DOB)		POSTAL ADDRESS	
MOBILE/ CELL NO		EMAIL ADDRESS	
		COUNTRY OF CITIZENSHIP	

## PROGRAMMES OF INTEREST

1st PREFERENCE	<i>Degree Name</i>
2nd PREFERENCE	<i>Degree Name</i>
3rd PREFERENCE	<i>Degree Name</i>

Year of Entry: August 2022  August 2023

## GENERAL INFORMATION

Have you attended a programme at BIUST previously:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of programme studied:	Student Number:	
Have you attended a programme at any other tertiary institution previously:	Yes <input type="checkbox"/>	No <input type="checkbox"/> ( If Yes attach a copy of Transcript )
Name of Institution attended:		
Name of Programme studied:	Status: Completed <input type="checkbox"/> Terminated <input type="checkbox"/> In Progress <input type="checkbox"/>	

## NEXT OF KIN CONTACTS

Name & Surname :		
Relationship to applicant:	Postal Address:	Next of Kin Email:
Mobile:		
Phone (work) :		

## INTERNATIONAL APPLICANTS

Are your Parents/Guardians residents in Botswana : Yes  No

If yes, Please provide proof of resident status ( copy of Tax Certificate, copy of Payslip or Copy of Residence Permit for Parents or Guardians)

## FINANCIAL SUPPORT

Please tick the applicable type of sponsorship you are applying for:

DTEF  Other Government Department  Private Company  International Scholarship  Self/ Parents

Other (please specify) .....