



POSTGRADUATE APPLICATION FORM

The application form must be completed and supporting documents attached before it can be processed

Please indicate by ticking the applicable box

Masters

PhD

1. PROGRAMME DETAILS

Year of Entry: _____ Semester 1 Semester 2

Programme Applying for _____

NB: Please do not write your proposed research topic.

2. PERSONAL DETAILS

Title(Dr/Rev/Mr/Mrs/Miss/Ms) _____ Surname _____

First Name _____ Middle Name _____

Gender: Male Female Passport No/ID _____

Date of Birth: Day ___ Month _____ Year _____

Marital Status: Single Married Divorced Separated

Postal Address _____ Postal Code _____

City/Town _____ Country _____

Physical Address _____

Tel(Home) _____ Mobile _____ Email Address _____

Country Code _____

3. RESIDENCY

Are you a permanent resident of Botswana Yes No

If not, what is your country of permanent residence? _____

Passport Number _____

Expiry Date: Day _____ Month _____ Year _____

Residences permit No (If Applicable): _____

Expiry Date: Day _____ Month _____ Year _____

4. NEXT OF KIN

First Name(s) _____ Last Name _____

Relationship to the Applicant _____

Postal Address _____

Tel: _____ Mobile _____ Email _____

Country Code _____

5. ACADEMIC HISTORY

Please list higher education institutions attended and qualifications obtained. Please start with the most recent.

Institution Name and Country	Name of Degree/Diploma/Certificate	Years Attended		Award Date if Completed
		From	To	

6. POST-SCHOOL ACTIVITIES

Present activity (please tick)

	From	To
University Student		
Labour Force(Employed)		
Unemployed		
Other(please specify)		

7. ENGLISH PROFICIENCY

APPLICABLE TO INTERNATIONAL APPLICANTS ONLY

Applicants applying for admission programme at BIUST need to demonstrate that they have obtained one of the following levels in English proficiency.

1. A pass in an examination equivalent to English at Home or First Additional language level in the BGCSE or equivalent.
2. For international applicants who do not satisfy (1) above and for whom English is a foreign language:
 - An overall band score of 7.0 on the TOEFL, PELS or equivalent.
 - The test should not be more than 2 years.

Test _____

Score

8. MEDICAL INFORMATION

The University is sensitive to the needs of students with physical challenges, and will attempt to provide support where possible

Do you have any, physical challenges, that might require support? Yes No if "yes" please give details:

9. FINANCIAL SUPPORT

DTEF Other Govt Department Private Company Local Scholarship

International Scholarship Self/Parent Other (Specify) _____

Give details _____

10. APPLICATION CHECKLIST

- Certified copies of your original certificates
- Certified copies (both sides) of your original transcripts and grading scale
- Attach a research proposal/Motivational letter/Personal Statement (Not more than 500 words)
- A certified copy of Omang /Passport
- English Test score results (if English is not your first language)

11. DECLARATION AND UNDERSTANDING

If my application is successful and I accept the offer of a place to study at BIUST

1. I undertake
 - 1.1 To comply with the procedures, rules and regulations of BIUST
 - 1.2 To inform the Director of Registry immediately, in writing, if I change my address or if I intend cancelling my provisional acceptance
 - 1.3 To acquaint myself with all the rules and general regulations that relate to the degree for which I am applying.
 - 1.4 To make alternate arrangement for accommodation should the University accept me for the degree and cannot offer me accommodation.
2. I hereby accept liability for the payment of all tuition fees or other fees which may be charged by the University.
3. I am aware that my enrolment is valid only if it complies with the regulations of the degree concerned, notwithstanding the acceptance of this application by the University.
4. I accept responsibility of submitting all documents required by the University before the stipulated due dates.
5. I declare
 - 5.1 That I make this application and give the declarations and understandings with the knowledge and consent of my parent/guardian/employer.
 - 5.2 I warrant that the information contained herein is true and correct and the University shall be entitled to declare the contract void and cancel my registration if I have made any misrepresentation or omission on this application.
 - 5.3 Consent to authorize the university to check and verify my qualification.

Signature of applicant

Date