

EDUCATIONAL BACKGROUND

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

ACADEMIC HISTORY

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

- | | |
|---|---|
| 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 (eg BGCSE certificate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A certified copy of statement of result / transcript of tertiary institution attended	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A certified copy of Omang and passport	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 regulatins of the university.

Signature Date

FOR OFFICIAL USE ONLY

RECEIVED BY: SIGNATURE: DATE:

Undergraduate Application Form

PLEASE ENSURE YOU COMPLETE THIS FORM IN BLOCK CAPITALS

Level of Entry: Year 1 Year 2 Year 3 Points

APPLICANT INFORMATION

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

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 2019 August 2020

GENERAL INFORMATION

Have you attended a programme at BIUST previously: Yes No

Name of programme studied:	Student Number:
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Have you attended a programme at any other tertiary institution previously: Yes No (If Yes attach a copy of Transcript)

Name of Institution attended:	Status: Completed <input type="checkbox"/> Terminated <input type="checkbox"/> In Progress <input type="checkbox"/>
Name of Programme studied:	

NEXT OF KIN CONTACTS

Name & Surname :

Relationship to applicant:	Postal Address:
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)