



BIUST SHORT COURSES REGISTRATION FORM

(Please make sure you complete this form in Block Capital letters)

APPLICANT INFORMATION

Field	Information
Full Name	
National ID/Passport	
Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Contact Number	
Email Address	
Postal Address	

COURSE SELECTION (Please tick the selected course/s)

Course Title	Duration	Course Fee	Select
Project Management	5 Days	P3,500.00	<input type="checkbox"/>
Professional Communication	5 Days	P2,500.00	<input type="checkbox"/>
Finance for Non-Finance Managers	5 Days	P3,000.00	<input type="checkbox"/>
General Chinese	4 Weeks	P970.00	<input type="checkbox"/>
Report Writing for Professionals	3 Days	P2,500.00	<input type="checkbox"/>
Risk Management	5 Days	P3,000.00	<input type="checkbox"/>
Supply Chain Management	5 Days	P3,000.00	<input type="checkbox"/>
Negotiation Skills	3 Days	P2,500.00	<input type="checkbox"/>
Launching a New Business Venture	5 Days	P2,900.00	<input type="checkbox"/>
Executive Business Leadership	5 Days	P3,000.00	<input type="checkbox"/>
Research Methodology	5 Days	P2,500.00	<input type="checkbox"/>
Design Thinking: Creative Problem Solving for Organisations	5 Days	P3,000.00	<input type="checkbox"/>
Introduction to Basic Setswana	4 Weeks	P970.00	<input type="checkbox"/>

NEXT OF KIN CONTACTS

Name & Surname	
Relationship to Applicant	
Cell number:	
Tell. Number(work):	

APPLICANT CHECKLIST

Complete Application Form

A certified copy of omang /Birth certificate for Batswana or Passport for international applicants

A certified copy of Proof of Change of Names

Proof of payment

DECLARATION

I, _____, confirm that the information provided above is true and correct. I understand that my registration will only be confirmed upon receipt of full payment.

Signature: _____

Date: _____

BANKING DETAILS

Bank: Stanbic Bank Botswana

Account Name: BIUST DF Current Account

Account Number: 9060003441496

Branch Name: Fairgrounds

Swift Code: SBICBWGX

Branch Code: 064967


Use your full name as a reference and send proof of payment and application form to:
sbpdshortcourses@biust.ac.bw

FOR OFFICIAL USE ONLY

Field	Status
Payment Received	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registration Confirmed	<input type="checkbox"/> Yes <input type="checkbox"/> No

Authorized by: _____ **Signature:** _____ **Date:** _____

For More Information:

 +267 4931157/ 4931980

 **Email:** sbpdshortcourses@biust.ac.bw