



# APPLICATION FORM FOR POSTGRADUATE ADMISSION

YEAR \_\_\_\_\_

## 1. PERSONAL INFORMATION:

(a) Have you studied at University of Botswana before: **Yes** :  **No** :  If **yes**, please state your student number:  
\_\_\_\_\_

(b) **Title:** Mr/Ms/etc: \_\_\_\_\_ **Surname:** \_\_\_\_\_ **First-Name:** \_\_\_\_\_ **Middle-Name:** \_\_\_\_\_

(c) **Date of Birth:** Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_.

## 2. NATIONAL IDENTIFICATION:

(a) **Country of which you are a citizen:** \_\_\_\_\_

(b) **State your Omang Number if Botswana citizen:** \_\_\_\_\_

(c) **State your passport number if not Botswana citizen:** \_\_\_\_\_

## 3. STUDY CHOICE:

**Application to (Programme Name):** \_\_\_\_\_

**Level:**  Post Grad. Diploma  Master's  MPhil  PhD

**Offering Type:**  Full-Time  Part-Time  Modular

## 4. CONTACT DETAILS: Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
Country: \_\_\_\_\_ City/Town/Village: \_\_\_\_\_  
Home Village: \_\_\_\_\_  
District: \_\_\_\_\_

### (b) E-mail & Phone Numbers:

**Home Phone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Mobile Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

## 5. DEMOGRAPHIC DETAILS:

(a) **Gender:** Male  Female

(b) **Marital Status:** Single  Married  Widowed  Divorced

(c) **Do you have any Disability:** Yes :  No :

## 6. NEXT OF KIN:

(a) **Title :Mr./Ms./etc.:** \_\_\_\_\_ **Surname:** \_\_\_\_\_ **First-Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

(b) **Country:** \_\_\_\_\_ **City/Town/Village:** \_\_\_\_\_ **District:** \_\_\_\_\_

(c) **Address:** \_\_\_\_\_ (d) **Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Mobile Phone:** \_\_\_\_\_

**7. EMERGENCY CONTACT:**

(a) Title :Mr./Ms./etc.: \_\_\_\_\_ Surname: \_\_\_\_\_ First-Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 (b) Country: \_\_\_\_\_ City/Town/Village: \_\_\_\_\_ District: \_\_\_\_\_  
 (c) Address: \_\_\_\_\_ (d) Home Phone: \_\_\_\_\_  
 \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**8. FINANCIAL INFORMATION**

Are you sponsored? Yes:  No:

Expected Sponsor \_\_\_\_\_

**9. TERTIARY EDUCATION:**

(a) Preliminary:

Do you have any previous or current tertiary studies? Yes:  No:  if Yes, complete (b) below

(b) Tertiary Education Details:

	Level: Bachelors/ Masters	Degree Description	Institution	Status of degree (Complete/Not Complete)	Start Date: dd:mm:yy	End Date: dd:mm:yy	Type of Study: Undergraduate (U)/ Postgraduate (P)
1							
2							
3							
4							
5							

**10. EMPLOYMENT DETAILS (if applicable):**

	Name of Employer	Job Title	Start Date: dd:mm:yy	End Date: dd:mm:yy	Work Phone	City/Town/Village	Country
1							
2							
3							
4							
5							

**11. PROFESSIONAL/ ACADEMIC REFERENCES:**

At least one of these persons should be able to write about your professional/academic ability to undertake graduate study.

	First Referee	Second Referee
Title:		
Surname		
First Name		
Phone		
Fax		
e-mail		
Postal Address		

**12. PERSONAL STATEMENT:**

**Applicants to a Master's programme:** Please attach a statement of no more than 500 words that explains your reasons for applying to this graduate programme. Describe the areas of research that interest you, your career plans, and any other information relevant to your application. Organise your thoughts well and explain them clearly.

**Applicants to a MPhil/PhD programme:** Please attach a statement of no more than 500 words in which you describe the research you wish to pursue as a MPhil/PhD candidate. Include a tentative title for the project and summarize the potential significance of the work. Organise your thoughts well and explain them clearly. You may also provide any additional information you consider relevant to your application.

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13. Are you interested in accommodation on campus? Yes:  No:

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**14. DOCUMENTATION:**

Make sure that you have enclosed the following items:

- (a) Application Fee receipt
- (b) Certified copy of the National Identity Card (Oman for citizens) and Passport for international applicants
- (c) Certified copy of Degree Certificate & Transcript
- (d) Copy of proof of change of surname (where applicable)
- (e) Certified copy of Registration Certificate/card or Nursing Licence (where applicable)
- (f) Two copies of Professional/Academic References

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**15. DECLARATION BY APPLICANT:**

*I, \_\_\_\_\_, declare that all statements on this application form and in any material filed in support of this application are true and correct and that all relevant information has been disclosed to the best of my knowledge. I am aware that the University reserves the right to reject any application and/or withdraw or cancel any offer of admission if all or part of the above information is found to be untrue and/or incorrect, or if an offer was erroneously made. The name shown on the front of this form is the complete name by which I am legally and correctly known. I agree that if I am accepted I shall be under the disciplinary control of the University authorities and I undertake to acquaint myself with, and to conform to, the rules and regulations of the University.*

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**For School of Graduate Studies use only**

Date of receipt: \_\_\_\_/\_\_\_\_/\_\_\_\_ Application fee receipt number: \_\_\_\_\_

Name of Recipient: \_\_\_\_\_ Signature of Recipient: \_\_\_\_\_