



GREAT ZIMBABWE UNIVERSITY
BOX 1235
MASVINGO
Tel+263 39 2266 648,58,60,62
08677004747



APPLICATION FOR DOCTOR OF PHILOSOPHY (DPHIL) AND MASTER OF PHILOSOPHY (MPHIL) M 20

1. PERSONAL DETAILS

SURNAME: _____ FIRST NAME: _____
 DATE OF BIRTH: _____ PLACE OF BIRTH: _____
 SEX: _____ TITLE: _____
 MARITAL STATUS: _____ PREVIOUS SURNAME (IF ANY): _____
 NATIONAL I.D.: _____ RACE: _____
 NATIONALITY: _____ CITIZENSHIP: _____
 PROVINCE: _____ RELIGION: _____

	YES	NO	IF YES TYPE AND /OR ATTACH PROOF WHERE POSSIBLE
ANY PHYSICAL DISABILITY			

2. CONTACT DETAILS (All correspondence will be forwarded to the Physical Address)

PHYSICAL ADDRESS: _____ NEXT OF KIN'S NAME: _____
 _____ RELATIONSHIP _____
 _____ NEXT OF KIN ADDRESS: _____
 CELL/ TEL: _____
 Email Address: _____ CELL/ TEL: _____

3. PROGRAMME CHOICES (PLEASE INDICATE PROGRAMME AND AREA OF SPECIALISATION (IF ANY), NB: turn to page 4 for programmes)

FIRST CHOICE PROGRAMME: _____ DISCIPLINE _____
 SECOND CHOICE PROGRAMME: _____ DISCIPLINE _____
 RESEARCH AREA _____

TICK APPROPRIATE

INTAKE TYPE: FULL TIME PART TIME

PROSPECTIVE SPONSORSHIP:

FOR OFFICE USE ONLY

RECEIPT NUMBER: DATE OF RECEIPT:.....
 APPLICATION NUMBER DATE RECEIVED:

4. ACADEMIC HISTORY

SCHOOL EXAMINATIONS RESULTS

MONTH (EG. 11/04)	YEAR	EXAMINATION BOARD (EG. ZIMSEC, AEB)	'O' LEVEL OR EQUIVALENT	SUBJECT	RESULT/ GRADE
				MATHEMATICS	
				ENGLISH	
			'A' LEVEL		

4.1 POST SCHOOL LEAVING STUDIES

COLLEGES/UNIVERSITY (IF OUTSIDE ZIMBABWE GIVE ADDRESS)

DATE OF AWARD	PROGRAMME UNDERTAKEN DEGREE/DIPLOMA/CERTIFICATE	NAME OF UNIVERSITY/ COLLEGE	DEGREE CLASS

4.2 RESEARCH AND TEACHING EXPERIENCE

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4.3 RELEVANT PUBLICATIONS (WHERE APPLICABLE)

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5. EMPLOYMENT HISTORY

GIVE DETAILS OF EMPLOYMENT AND EXPERIENCE

COMPANY/INSTITUTION	OCCUPATION	JOB DESCRIPTION/DUTIES	FROM	TO

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ARE YOU UNIVERSITY STAFF OR DEPENDENT (i.e. wife, husband or child)
IF 'YES' PLEASE GIVE NAME, DEPARTMENT AND TELEPHONE

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6. REFEREES (GIVE NAMES AND ADDRESSES OF TWO PERSONS, AT LEAST ONE FROM YOUR PREVIOUS UNIVERSITY WHO ARE FAMILIAR WITH YOUR ACADEMIC ABILITY AND PERFORMANCE)

1. NAME: _____ 2. NAME _____
ADDRESS _____ ADDRESS _____
_____ _____
CELL/TEL: _____ CELL/TEL: _____

7. DECLARATION

I DECLARE THAT THE INFORMATION THAT I HAVE GIVEN IS CORRECT, AND THAT SHOULD IT BE FOUND TO BE FALSE; MY APPLICATION WILL BE DISQUALIFIED AND WILL FACE LEGAL ACTION. I HEREBY AGREE TO BE BOUND BY CONDITIONS OF APPLICATION, TO SIGNIFY WHICH I HEREBY ADDEND MY SIGNATURE.

DATE: _____ SIGNATURE: _____

8. CHECKLIST AND INSTRUCTIONS

Attach photocopies of all certificates.
Please fill in all pages. Subsequent to completing your application form please attach certified copies of the following documents:

1. National ID/Passport
2. Birth Certificate
3. 'O' and 'A' Level certificates
4. Professional Certificates(if any)
5. Academic Certificates and transcripts
6. Marriage Certificate (where applicable)
7. Research Proposal (refer to department for specifications)

Application forms are available from website www.gzu.ac.zw. Submit the downloaded form together with application fees as advertised in the paper and submit before closing date of advertised programmes and for late entries please refer to the advert.

	YES	NO
8.1 I HAVE COMPLETED ALL SECTIONS OF THE FORM	<input type="checkbox"/>	<input type="checkbox"/>
8.2 I HAVE ENCLOSED CERTIFIED COPIES OF ALL DOCUMENTS	<input type="checkbox"/>	<input type="checkbox"/>
8.3 I HAVE ATTACHED RESEARCH PROPOSAL	<input type="checkbox"/>	<input type="checkbox"/>
8.4 I HAVE SIGNED THIS FORM	<input type="checkbox"/>	

NB: ONLY SUCCESSFUL CANDIDATES WILL BE CONTACTED

NOTE: Completed applications must be forwarded to Admissions and Student Records Office at:

Postal Address

Great Zimbabwe University
P. O. Box 1235
Masvingo
admissions@gzu.ac.zw

Physical Address

Great Zimbabwe University
Off Old Great Zimbabwe Road
Masvingo