



SOLUSI UNIVERSITY

APPLICATION FORM: Early Childhood Development (ECD)

For Office Use Only

Accepted	
Wait Listed	
Denied	
Date	
Signature	
Bridging Courses	

Certificate in Early Childhood Development (ECD) Studies

1. DESIRED CENTRE AND SCHEDULE (Select by ticking your choice)			
	<input type="checkbox"/> MAIN CAMPUS - BLOCK		<input type="checkbox"/> MASVINGO - BLOCK
	<input type="checkbox"/> BULAWAYO - TRIMESTER		<input type="checkbox"/> HARARE - TRIMESTER
	<input type="checkbox"/> VICTORIA FALLS - BLOCK		

PERSONAL INFORMATION (DETAILS)						
First Name(s)				Surname		
Nationality			Denomination			
Marital Status			Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Date of Birth						
Correspondence Address						
Phone Number			Fax			
Cell Number			E-mail Address			
Town/City			Country			

2. Ordinary Level ('O' Level)	
Subject	Grade

DECLARATION - TO BE COMPLETED BY THE STUDENT
FORMS RECEIVED UNSIGNED WILL BE RETURNED AS INVALID

(i) I voluntarily agree, if admitted as a student, to uphold the ideals, standards, and regulations set forth by Solusi University and to respect the principles and traditions it upholds as a church related institution of higher learning.

(ii) I certify that, to the best of my knowledge and belief, I have answered all questions fully and correctly and I undertake to inform the Department/School immediately of any change in the information given

Signed (Student) Date

Please return completed application forms to:

The Assistant Registrar -Admissions
Solusi University
P O Solusi, Bulawayo
Zimbabwe
E-mail: admissions@solusi.ac.zw