



SOLUSI UNIVERSITY

APPLICATION FORM: GRADUATE STUDIES

For Office Use Only

Accepted	
Wait Listed	
Denied	
Date	
Signature	
Bridging Courses	

Application for Post Graduate Studies

Applying for: <i>(Select by ticking)</i>			
<input type="checkbox"/>	MA-Religion or Pastoral Theology	<input type="checkbox"/>	PGDB- Post Graduate Diploma in Business Admin
<input type="checkbox"/>	MBA-Master of Business Administration	<input type="checkbox"/>	PGDE-Post Graduate Diploma in Education
<input type="checkbox"/>	MEd-Educational Management	<input type="checkbox"/>	MEd-English Language and Literature
<input type="checkbox"/>	MSc- Family & Consumer Sciences		
<input type="checkbox"/>	Major	<input type="checkbox"/>	Food & Nutrition
<input type="checkbox"/>		<input type="checkbox"/>	Clothing & Textile
<input type="checkbox"/>	Minor	<input type="checkbox"/>	Family Studies

1. Personal Information			
Name (s)			Surname
Nationality	Denomination		
Marital Status	Sex	() Male	() Female
Date of Birth			
Correspondence Address			
Phone Number	Fax		
Cell Number	E-mail Address		
Town/City	Country		

2. Further/Higher Qualification			
Name of School, University/ College	Degree/Diploma	Options Taken	Date Awarded

3. Education			
Professional Qualifications (Name of Body)	Exams Passed	Grade of Membership	Date Awarded

4. Employment

Are you currently in full-time employment		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
Job Title	<input type="text"/>		
Years of Experience	<input type="text"/>		
Company Name	<input type="text"/>		
Department	<input type="text"/>		
Address	<input type="text"/>		
Phone		Fax	<input type="text"/>
Town/City		Country	<input type="text"/>
State if you have other work experience	<input type="text"/>		

5. Statement of Purpose

Please write a clear statement of your objectives for seeking this degree and a proposal of how you plan to relate the information to meet your personal professional and academic goals.

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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