



# SOLUSI UNIVERSITY

## APPLICATION FORM: UNDERGRADUATE

For Office Use Only					
Documents Received	Birth	Marriage	'O'	'A'	Other
O Level Subjects	A Level Subjects		A Level Points		
Recommendations Received	Medical Report	Employer/Headmaster	Pastor/Religious Leader		
Basis of Admission					

### Undergraduate Application Form

#### SECTION A: Personal Details

First Name		Second Name		Surname	
				Date of birth (DD/MM/YY)	
Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Other <input type="checkbox"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Contact Address.

Mr/Mrs/Ms/Dr			
House Number			
Street			
Town			
Country		Cell Number	
Telephone		E-mail Address	

#### Parent/Sponsor

Mr/Mrs/Ms/Dr			
House Number			
Street			
Town			
Country		Cell Number	
Telephone		E-mail Address	

#### Contact Address in case of emergency

Name:		Telephone No:	
Address:		Relationship to you:	
1. Are you a Zimbabwean national?		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
If NO, what is your nationality?	<input type="text"/>		
2. Do you hold Zimbabwean Citizenship?		<input type="checkbox"/>	<input type="checkbox"/>
If NO state your Citizenship.	<input type="text"/>		
State your religion ( e.g. Christianity, Islam etc)			
State denomination (if applicable)			
I have	<input type="checkbox"/> occasionally	<input type="checkbox"/> often	<input type="checkbox"/> once
	<input type="checkbox"/> never	<input type="checkbox"/> used the following	<input type="checkbox"/> alcohol
	<input type="checkbox"/> tobacco	<input type="checkbox"/> other drugs	

English Language Proficiency			
		Yes	No
Is English your first/native language?		<input type="checkbox"/>	<input type="checkbox"/>
Was your previous education undertaken through the medium of English?		<input type="checkbox"/>	<input type="checkbox"/>
If NO please state the language through which you were educated:	<input type="text"/>		
Please state your first spoken language:	<input type="text"/>		
<b>Have you attended Solusi University before?</b>	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, please specify type of training and dates :</b>			
<input type="text"/>			
Start Date:	<input type="text"/>	End Date:	<input type="text"/>
		Full time	<input type="checkbox"/>
		Part time	<input type="checkbox"/>

### SECTION B: Previous Education

Name of School, University/ College	Dates Attended	Highest Level Reached

### SECTION C : Proposed Study (Undergraduate Programs)

I PLAN TO STUDY FOR THE FOLLOWING UNDERGRADUATE DEGREE (Select by an (X)one major from the ones listed below and you may list up to three i.e. 1,2,3 in the order of preference)

	1	2	3
<b>BACHELOR OF ARTS DEGREE (BA)</b>			
● English & Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Religious Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Theology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Peace & Conflict Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BACHELOR OF SCIENCE DEGREE (BSc)</b>			
● Agri-Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Mathematics(Hons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Environmental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Food Science & Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Clothing & Family Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BACHELOR OF BUSINESS ADMINISTRATION DEGREE (BBA)</b>			
● Accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Business Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Computer & Management Information Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Marketing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BACHELOR OF EDUCATION DEGREE (BEd)</b>			
● English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Religious Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

● Environmental Science				
● Food Science & Nutrition				
● Clothing & Family Studies				
● Mathematics				
● Agriculture				
● Business Education				
Specify whether you are applying for BEd Primary or Secondary Level				
State Study Period Desired		Full Time	Block Release	

**SECTION D: Academic Results**

(i)

ORDINARY LEVEL ('O' LEVEL)		ADVANCED LEVEL ('A' LEVEL)	
Subject	Grade	Subject	Grade
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

(ii)

DIPLOMA IN EDUCATION PRIMARY		DIPLOMA IN EDUCATION SECONDARY	
Subject	Grade	Subject	Grade
1		1	
2		2	
3		3	
4		4	
5		5	
OTHER DIPLOMAS / CERTIFICATES			
1		1	
2		2	
3		3	
4		4	
5		5	

**SECTION E: Work Experience/Employment**

EMPLOYMENT DETAILS - Please provide details of current and previous employment.							
EXACT DATES (DD/MM/YY)		Name and Address of employer	Post Held	Details			
From							
To							
From							
To							
Are you a university staff member?			Yes	<input type="checkbox"/>	No	No	<input type="checkbox"/>

**Accommodation Required**

Ladies' Residence

Men's Residence

\*  Married Student Accommodation

None: Living with parents/guardian

\*Accommodation not guaranteed, application and approval required when accepted.

Why do you want to attend Solusi University?

Any other remarks pertaining to your application.

**IF MARRIED**

Spouse name  Number of children

Children's Names	Sex	Age	Grade/Form	Date of Birth	Place of Birth

**SECTION F: Disability**

**If you have any disability which you wish us to know about please indicate in the box below.**

Does your disability mean that you have additional support needs? YES  NO

If **yes** please give details:

Contact Address in case of emergency

**SECTION G: Referees (Not Relatives)**

1. Name: Title: Address:	Telephone No: Fax No: E-mail: Length of time known: <i>(in what capacity)</i>
2. Name: Title: Address:	Telephone No: Fax No: E-mail:

		Length of time known: <i>(in what capacity)</i>
3. Name: Title: Address:		Telephone No: Fax No: E-mail: Length of time known: <i>(in what capacity)</i>

### SECTION G: Statistical Information

It would be helpful if you could indicate by circling the appropriate number where you heard about the Solusi University

1	From Another Adventist Institution	6	Trade Fair (please specify year)
2	Previously a student of Solusi University	7	University Careers Service
3	Internet / www pages	8	Current Students or Alumni
4	Newspaper Advertisement (please specify)	9	Personal Recommendation (please specify)
5	University Official	10	Other (please specify)

**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

YES NO

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

YES NO

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Signed (Student)

Date

**Please return completed application forms to:**

The Assistant Registrar -Admissions  
Soluti University  
P O Solusi  
Zimbabwe  
admissions@solusi.ac.zw

Further information can also be found on our website at <http://www.solusi.ac.zw>