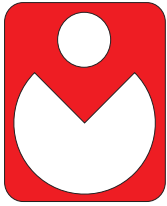


Information & Communication Technology (ICT)

BSc(Hons)MIS, DMIS, DTEL & DNEP



40 Livingstone Ave
P. O. Box CY 2201, Causeway, Harare
Tele/Fax: (263 4) 790996, 790984/8



APPLICATION FORM

YEAR AND MONTH OF FIRST REGISTRATION

TITLE, INITIALS, SURNAME			
FIRST NAMES			
DATE OF BIRTH <small>dd/mm/yyyy</small>			
GENDER (Tick)	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	
NATIONAL ID NUMBER			
HOME LANGUAGE			
HOME ADDRESS			
	TEL:		
POSTAL ADDRESS			
	TEL:		
WORK ADDRESS			
	TEL:		
CELLPHONE NUMBER	FAX:		
E-MAIL ADDRESS			
OCCUPATION			
NATIONALITY			

PREFERRED TIME OF STUDY: DAY EVENING

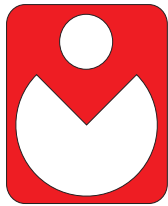
LEVEL YOU WISH TO REGISTER FOR: BSc(Hons)MIS DMIS DTEL DNEP

DETAILS OF OTHER QUALIFICATIONS

(Attach certified true copies of your certificates)

Information & Communication Technology (ICT)

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Give particulars of registration of another college or institute starting with the most recent(if applicable)				
Institute e.g. Hexco MIS, ACP	Diploma/Certificate/ Degree e.g. NC, ND	Years e.g. 92,95	Student Reg No.	Completed Yes/No
High School Qualification (e.g. 'O' Level or 'A' Level)				

ICT registration & exam fee per year

N. B: No final certificate or diploma will be issued without full fee settlement (please contact your college or institute in payment terms)

DECLARATION AND UNDERTAKING

I declare that all particulars furnished by me on this form are true and correct, and i undertake to comply with the rules, regulations and decisions of the institute, and any amendments thereto, and have taken note of advice which may be applicable to students in general and or the field of study which i am registered.

I hereby agree to be held for all fees or owed to ICT by myself /us. I further agree that failure to attend lectures will not reduce my/our liability for payment of all full course fee. I/we understand that this enrolment contract is accepted on the clear understanding that it cannot be cancelled upon commencement of the course.

Date:.....Signature of applicant.....

Signature of Guardian.....

For Office Use Only

Receipt No.....

Date:

Processed by:.....

Approved/Not Approved (Delete inapplicable)