



ADMISSIONS APPLICATION FORM

Application No _____ for Academic Year beginning Jan/Feb/Aug: 20 __

PROGRAMME OF STUDY: *(List in order of preferences)*

1st Choice: _____

2nd Choice: _____

PERSONAL DATA *(Please print carefully)*

1.1 Surname: _____

1.2 Title: (Mr/Mrs/Ms/Sr/Dr/Rev) _____

1.3 First Name (s): _____

1.4 Previous Names(s) if any: _____

1.5 Marital Status: (Married [M];Single [S]; Religious [R] _____

1.6 Sex: (Male [M];Female [F]) _____

1.7 Country of Origin: _____

1.8 Citizenship: _____

1.9 Place of Birth: _____

1.10 Date of Birth: Day: _____ Month: _____ Year: _____

2.0 PERSONAL CONTACTS

2.1 Permanent Address: _____

2.2 Contact Address: _____

2.3 Telephone Numbers: Cell: _____ Office: _____

2.4 Email Address: _____

FOR OFFICIAL USE ONLY

Documents Checklist *(Please include documents submitted)*

Birth Certificate: _____ Date: Application Received: _____/_____/_____

'A' Level Certificate: _____ Application Fee Paid: _____

'O' Level Certificate: _____ Comments: _____

Diplomas: _____

Bachelor's Degree: _____

Name of Receiving Officer: _____ Signature: _____



CONTACTS:

PHONE:

02424 745411 OR
0242 745903

WATSAPP:

0782366025 OR
0733 999 154

WEBSITE:

www.aju.ac.zw

EMAIL:

info@aju.ac.zw

PHYSICAL ADDRESS:

16 Link Road,
Mount Pleasant,
Harare,
Zimbabwe,

Please include with this application form certified copies of your birth certificate and all relevant academic certificates/diplomas/degrees and a non-refundable application fee of US\$20 for foreign students and ZWL equivalent for local students.

3.0 PREVIOUS APPLICATIONS

3.1 Have you previously applied for admission to Arrupe Jesuit University? Yes/No

3.2 If yes, please give details: _____

4. SECONDARY EDUCATION

4.1 'O' LEVEL OR EQUIVALENT QUALIFICATIONS.

4.2 Name of Examining Board (s): _____

4.3

Subjects Passed	Date Passed	Grade/Classification
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

5. 'A' LEVEL OR EQUIVALENT QUALIFICATIONS (University Entrance)

5.1 Name of Examining Board (s): _____

5.2

Subjects Passed	Date Passed	Grade/Classification
1.		
2.		
3.		

6. TERTIARY EDUCATION QUALIFICATIONS (e.g. University, Seminary, College)

6.1 Name of the institution: _____

6.2 Address/ Contacts: _____

6.3 City and Country of location: _____

6.4 Name of Qualification: _____

6.5 Overall Classification Attained: _____

6.6 Date Awarded: Day: _____ Month: _____ Year: _____

6.7

Major Subjects	Classification
1.	
2.	
3.	
4.	

7. TERTIARY EDUCATION QUALIFICATIONS (e.g. University, Seminary, College)

7.1 Name of the institution: _____
7.2 Address/ Contacts: _____
7.3 City and Country of location: _____
7.4 Name of Qualification: _____
7.5 Overall Classification Attained: _____
7.6 Date Awarded: Day: _____ Month: _____ Year: _____

7.7

Major Subjects	Classification
1.	
2.	
3.	
4.	

8. OTHER RELEVANT EXPERIENCE

8.1 Please give details of any experience relevant to the application to Arrupe Jesuit University (e.g. employment details etc.) Please include relevant dates.

9. FEES AND SPONSORSHIP

9.1 Please give name of person or body responsible for paying your fees: _____

9.2 Other Sponsorship if any (*Please Specify*) _____

9.3 All applicants sponsored by a religious congregation or order must include a declaration sponsorship signed by the Superior responsible.

10. REFERENCES: Three letters of Recommendation

10.1 Please give the names, email, and phone numbers of the three referees who will send a signed letter of recommendation to AJU at the following email address: dean@arrupe.ac.zw.

11. DECLARATIONS

11.1 We confirm that the information provided with this form is accurate to the best of our knowledge.

Signed: _____ Date: _____
(Applicant)

Signed: _____ Date: _____
(Witness)

