



Application No.

Serial Number:

CHINHOYI UNIVERSITY OF TECHNOLOGY

APPLICATION FOR DOCTOR OF PHILOSOPHY (DPhil) ADMISSION

Please read the Guidelines and Procedures for Higher Degrees of the Chinhoyi University of Technology **BEFORE** completing this form. Applicants shall submit a brief **concept note** of the proposed area of study together with the application form. The concept note should not be more than 250 words typed using double spacing.

FOR OFFICIAL USE ONLY

Certified copies of certificates received/Verified Yes (y) / No (n)

Date of receipt	<input type="text"/>
Receipt number	<input type="text"/>
Amount paid	<input type="text"/>
Date submitted	<input type="text"/>

Birth Certificate	<input type="text"/>
First University Degree Certificate	<input type="text"/>
First University Degree Transcript	<input type="text"/>
Master's Degree Certificate	<input type="text"/>
Master's Degree Certificate	<input type="text"/>
'O' Level Certificates	<input type="text"/>
National I.D	<input type="text"/>
Other	<input type="text"/>

Concept Note attached (Y/N)

1. PERSONAL DETAILS

- 1.1 Surname:
- 1.2 First names:
- 1.3 Title (Mr. /Mrs./Ms./Miss):
- 1.4 Previous Name (If applicable):

- 1.5 Date of Birth: dd...../ mm...../ yy.....
- 1.6 Place of Birth:
- 1.7 Sex:
- 1.8 I.D Number:
- 1.9 Nationality:
- 1.10 Are you a permanent resident of Zimbabwe: Yes (Y)/ No (N):
(If No, what permit do you hold, if any (attach certified copy):
- 1.11 Period/ Year of residence in Zimbabwe.....
- 1.12 Religion:
- 1.13 Do you suffer from any disability for which special arrangement at the University would be required?
 Yes (Y)/ No (N):
- If yes, please state the nature of disability and assistance required from the University.....***

2. CONTACT DETAILS

- 2.1 Contact Address:
- 2.2 Home Telephone: Code: Telephone number:
- 2.3 Other Contact Tel.: Code Telephone number:
- 2.4 Cell phone Number:
- 2.5 Email Address:
- 2.6 Are you a Chinhoyi University of Technology Staff member or dependant YES NO
- 2.7 If 'Yes' state Name of the staff member:
- 2.7.1 Department:
- 2.7.2 Post:

3. APPLICATION INFORMATION

- 3.1 Have you ever applied to and/or been registered at this university before? Yes No
If yes
- 3.1.1 Please give date:
- 3.1.2 Give your application/student number:
- 3.1.3 State Degree/Diploma completed at this University:

4. DEGREE PROGRAMME

- 4.1 DOCTOR OF PHILOSOPHY
- 4.2 SCHOOL/INSTITUTE /FACULTY:
- 4.3 DEPARTMENT:

4.4 PROPOSED TITLE OF THESIS:

.....

.....

5. EDUCATIONAL QUALIFICATIONS

DATE OF COMPLETION		NAME OF DEGREE	NAME OF ISSUING UNIVERSITY	DEGREE CLASS
MTH	YR			

6. WORK EXPERIENCE

Date				Occupation	Name and Address of Employer
From		To			
Mth	Yr	Mth	Yr		

7. INFORMATION ON YOUR PROSPECTIVE SPONSORS

If accepted for admission, from what source do you expect to finance your studies (e.g. self, loan, government, and other any Organizations)

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Please note: A student may be in receipt of a grant, scholarship or fellowship from an outside organization or person with the agreement of Senate, provided that no restrictions are placed by the organization or person upon the presentation of the theses resulting from the student’s work, or upon its deposit in the University Library for public reference.

8. DECLARATION AND UNDERTAKING

I the undersigned, hereby:

- i) Declare that to the best of my knowledge and belief the information furnished in this application form and all supporting documentation is true and correct and that if it be found to be false and misleading in any respect, this application will be disqualified and I may face legal action.
- ii) Undertake, to be bound by the rules and regulations of the University during orientation period and for any period during which I am a registered student.
- iii) Undertake to pay unconditionally all fees and charges payable to the University as they fall due for payment.
- iv) Acknowledge that the University does not accept responsibility for any damage or loss suffered while I am a student or as a consequence of my being a student of the University.

Signature of the applicant..... Date:

9. GUIDE TO APPLICANTS

IMPORTANT NOTES TO ALL APPLICANTS

- (1) All applicants must complete ALL sections of this Application Form carefully.
- (2) All applicants must endorse at the end of Section 10 that they have understood these notes and that they agree to their application being considered under the conditions outlined.
- (3) Applicants should submit this form to the Admissions Office, P Bag 7724, Chinhoyi, Zimbabwe. A letter of acknowledgement will be posted to your contact address.
- (4) Forms downloaded from the Internet should be submitted with an application fee of US\$..... or US\$..... for late application paid as cash or through bank deposit into the University's Bank Account. Cheques are not accepted. Forms must be hand delivered.
- (5) All applicants MUST submit with this form, certified photocopies (NOT ORIGINALS) of all relevant academic and/or Professional certificates referred to in the application including certified copies of Birth Certificate and ID card. The copies of certificates must be certified by a Commissioner of Oaths or Head/Principal of the institution at which the examinations were taken.
- (6) Applicants must ensure that they have the necessary finances to pay the full fees on registration day. No students will be allowed to register at the University unless they have paid the fees or have proof of sponsorship.

I have read and understood the notes given above and hereby agree that my application is being considered according to these conditions.

Full Name of Applicant

Signature

Date

10. CHECKLIST (Y/N)

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

I have completed all sections of this form.

I have enclosed certified copies of all documents.

I have signed this form

11. For Office Use Only

(a) Comments by the Department on Concept note

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.....

Chairperson's Signature: Date:

(b) Comments by the School/Institute Higher Degree Committee:

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12. (a) Has supervisor(s) been identified?(Y/N)

(b) If 'Yes' Name of Principal Supervisor:

(c) Qualifications of Principal Supervisor:

(d) Qualifications of Joint Supervisor:

Chairperson of Higher Degree's Committee Signature: Date:

13. RECOMMENDATIONS FROM SCHOOL/INSTITUTE HIGHER DEGREES COMMITTEE TO SENATE (to be completed by the Dean)

Dean's Signature: _____ Date: _____