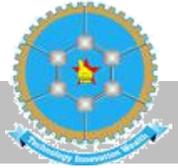


Application No.

Serial Number:



**CHINHOYI UNIVERSITY OF TECHNOLOGY  
APPLICATION FOR DOCTORATE ADMISSION**

**FOR OFFICIAL USE ONLY**

Date of receipt	<input type="text"/>
Receipt	<input type="text"/>
Amount	<input type="text"/>
Date received	<input type="text"/>

Type of Entry	
Normal	<input type="text"/>
Special	<input type="text"/>
Mature	<input type="text"/>
Repeat	<input type="text"/>

Certificate Received/Verified	Yes (y) / No (N)
Birth Certificate	<input type="text"/>
M'Level	<input type="text"/>
Marriage	<input type="text"/>
University	<input type="text"/>
O' Level	<input type="text"/>
Other	<input type="text"/>
A' Level	<input type="text"/>
I.D	<input type="text"/>

Date acknowledged

**1. PERSONAL DETAILS**

- 2.1 Surname: .....
- 2.2 First Names: .....
- 2.3 Title (e.g. Dr./ Mr. / Ms./Miss): .....
- 2.4 Previous Name (If applicable): .....
- 2.5 Date of Birth: dd...../ mm...../ yy.....
- 2.6 Place of Birth: ..... 2.7 Sex:.....
- 2.8 Marital Status: Single(s)/ Married (M)/ Divorced (D)/ Widowed (w) .....
- 2.9 I.D Number:.....
- 2.10 Race: Black (B)/ White (W)/ Asian (A)/ Other (O).....  
if other; specify: .....
- 2.11 Nationality: .....
- 2.12 Province.....
- 2.13 Are you a permanent resident of Zimbabwe: Yes (y)/ No (N): .....  
*(if No, what permit do you hold, (attach certified copy): .....*
- 2.14 Period/ Year of residence in Zimbabwe.....
- 2.15 Religion: .....

**2.16 CONTACT DETAILS OF THE NEXT OF KIN**

- 2.16.1 Name of Next of Kin..... Telephone number.....
- 2.16.2 The next of kin in 2.16.1 is my.....
- 2.16.3 Contact Address of Next Kin.....  
.....
- 2.16.4 Next of Kin’s Email address.....Next of Kin Cell Phone Number.....

**2.17 Disabilities or Special Needs**

a) **Disabilities or Special Needs**  
 If you have a disability, special needs or a medical condition which affect your studies please give details below, and indicate the disability category in the box (see notes 8a)

Disability or Special Needs   
 Details .....

b) **Criminal Convictions**  
 Do you have any criminal convictions?    Yes    No

**3. CONTACT DETAILS**

- 3.1 Contact Address: .....
- 3.2 Home Telephone: Code: ..... Telephone number: .....
- 3.3 Other Contact Tel.: Code ..... Telephone number: .....
- 3.4 Cellphone Number: .....
- 3.5 E-mail Address: .....

**4. PROGRAMME**

- 4.1 First Choice.....
- 4.2 Second Choice.....

**5. Your Education** (secondary and post-secondary) including professional qualifications and training courses

Date (from – to)		Institution (include location)	Subject(s)	Results (eg BA Hons 2.1)
Month	Year			



## 9. Declaration

I confirm that the information on this form is complete and accurate and that no information requested has been omitted. I give my consent to the processing of my data by Chinhoyi University of Technology. I have read the Notes for Guidance and I undertake to be bound by the conditions set out therein.

**Signature:**.....

**Date:**.....

---

## 10. Personal Statement

This is an important section and the Admissions staff will pay particular attention to what you write here. You should explain why you are applying for this postgraduate programme, what you expect to achieve from it, and how it relates to your academic and career development.

Postgraduate Reference Form

Please return to:Chinhoyi University of Technology  
P Bag 7724  
Chinhoyi



Application No:

Section 1. To be completed by the Applicant

Full name of applicant

Title of Course:

Mode of study:  Full-time  Part-time  Distance/Open Learning (where available)

Section 2: To be completed by the Referee

**Notes to Referee:** Your honest and forthright assessment of the above named applicant is a necessary part of the application process to postgraduate programmes at Chinhoyi University of Technology. When writing personal comments about an applicant, please remember that, the applicant can ask for a copy of the reference and any other personal information that the University holds about them.

We realise providing a reference requires time and effort and we greatly appreciate your assistance. Please print or type your response, and when complete, please return it to the address stated at the top of this form. If you have any questions, please contact the Admissions Office on [academicregistry@cut.ac.zw](mailto:academicregistry@cut.ac.zw) telephone 067-22203-5 Ext 1147

How long and under what circumstances have you known the applicant?

What do you consider to be the applicants' strengths?

What do you consider to be the applicants' weaknesses?

Using the chart below, please rate the applicant relative to other students or employees whom you have known in a similar capacity. Please indicate the group with whom you are comparing the applicant(e.g. Student co-workers,

e.t.c):.....						
	Outstanding (Top 5%)	Excellent (6-20%)	Good (21-30%)	Average (31-40%)	Below Average	Unable to Rank
Academic potential						
Ability to work with others						
Ability to work independently						
Initiative						
Maturity						
Motivation						
Written communication skills						
Oral communication skills						
Commitment						
Creativity						
Analytical skills						

Please comment on your rankings indicated above, making any additional statements concerning the applicants academic development to date and present performance; expected examination results/qualifications (if appropriate); interpersonal skills; and if the applicant is from overseas, indicate your understanding of their ability to study at postgraduate level in English.

Please continue on a separate sheet, if necessary

Referees Name:	Referees Signature:
Position/Title:	Date:
Organisation:	
Address:	
City/Town:	Country:
Postal Code:	E-mail:
Telephone No:	Fax No: