



SCHOOL OF GRADUATE STUDIES & RESEARCH

APPLICATION FORM - POSTGRADUATE

This form must be completed and returned to the School of Graduate Studies & Research, BA ISAGO University, Private Bag BR94, Gaborone, Botswana or hand delivered to BA ISAGO University, Block 7, 11 Koi Street, Peolwane, Gaborone, Botswana. Two sealed and stamped academic references should be included with this application form.

Complete this form using BLOCK CAPITALS or type.

PERSONAL DETAILS OF APPLICANT

Title: **Prof / Dr / Mr / Mrs / Ms / Other:** _____

Surname: _____ First Name: _____

Previous Surname (if applicable): _____

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

Country of Birth: _____

Sex (**Male/Female**): _____ Nationality: _____

Passport No. or Omang (**Botswana**): _____ Expiry Date: _____

Do you have any disability? **YES** **NO**

CONTACT DETAILS OF APPLICANT

Permanent home address: _____

Postcode: _____ Telephone: _____ Fax: _____ Email: _____

Cell number: _____ Alternative Address: _____

(If address for correspondence is different from the above) _____

Alternative address: Postcode: _____

PARTICULARS OF THE NEXT OF KIN

Post Code: _____

Telephone: _____ Fax: _____

Email: _____ Cell number: _____

PROGRAMME CHOICE

Programme of study: _____

Level: Post Graduate Diploma Master's MPhil PhD/DPhil

Preferred Mode of Study: Full Time Part Time

SPONSORSHIP INFORMATION

Expected Sponsor (Specify): _____ Self-Sponsor

EDUCATION AND QUALIFICATIONS

Provide details of higher education since leaving school as well as qualifications that are still being undertaken starting with the latest.

Name of Institution / address	Date (month-year) of attendance	Qualification awarded and grade if known	Major Subject(s) studied
	From:		
	To:		
	From:		
	To:		
	From:		
	To:		
	From:		
	To:		
	From:		
	To:		

EMPLOYMENT DETAILS (if applicable)

Name of Employer	Job Title	
	Start Date	
	End Date	
	Duties (brief)	
	Work Phone	
	Country and City	
Name of Employer	Job Title	
	Start Date	
	End Date	
	Duties (brief)	
	Work Phone	
	Country and City	
Name of Employer	Job Title	
	Start Date	
	End Date	
	Duties (brief)	
	Work Phone	
	Country and City	
Name of Employer	Job Title	
	Start Date	
	End Date	
	Duties (brief)	
	Work Phone	
	Country and City	

ACADEMIC REFEREES

Provide the details of two academic referees who should be able to recommend you on your ability to carry out graduate studies. Each referee must complete a separate reference form for you posted directly to the Graduate School.

	First Referee	Second Referee
Title		
Surname		
First Name		
Phone		
Fax		
Cell Number		
E-mail address		
Postal Address		

ATTACHMENTS

Attach certified copies of the following:

1. Degree Certificates and Transcripts.
2. National Identity Card (Botswana Citizens) or Passport (International Students).
3. Marriage certificate (If applicable).
4. Two copies of academic references (stamped/signed).
5. Proof of application fees.

DECLARATION BY APPLICANT

I, _____, hereby declare that all the information that I provided to BA ISAGO University in applying for the programme, _____, including the academic certificates and all others, is true and correct to the best of my knowledge. I am aware that BA ISAGO University has the right to disqualify my application should it deem the information supplied not correct upon verification. If accepted to study in the programme, I will abide by the rules and regulations of BA ISAGO University.

Signature: _____ Date: _____

FOR SCHOOL OF GRADUATE STUDIES AND RESEARCH ONLY

Date received: _____

Name of recipient: _____ Signature of Recipient: _____

Check list (Place ✓ to indicate whether the documents required have been submitted)

Document Required	Yes	No	Notes / Comment
Certified copies Degree Certificates and Transcripts.			
Certified copy of National Identity Card (Botswana Citizens) or Passport (International Students).			
If applicable, certified copy of marriage certificate.			
Two copies of academic references.			
Proof of application fees.			