



**MINISTRY OF HIGHER AND TERTIARY EDUCATION
SCIENCE AND TECHNOLOGY DEVELOPMENT
SCHOOL OF HOSPITALITY AND TOURISM**

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Zimbabwe
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Fax: +263-9-230463

STUDENT ADMISSION FORM

Student No.	
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NOTES:

- Write clearly in block letters. Attach two (2) passport size photographs.
- Non Zimbabwean applicants should obtain study permits before entering the country
- Students not offered accommodation at the School should secure their own accommodation before attending the school
- Applicants should attach certified copies of their educational and personal details (birth certificate, National ID/Passport) if not previously submitted.

FOR OFFICIAL USE ONLY

PART A: STUDENT DETAILS

Course Applied for	
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1	SURNAME																			MIDDLE NAME (S)																																				
2	FIRST NAME																																																							
3	DATE OF BIRTH																																				COUNTRY OF BIRTH																			
				D	D	M	M	Y	Y	Y	Y																																													
4	PLACE OF BIRTH																																				GENDER	MALE	FEMALE																	
																																					Tick Appropriately																			
5	MARITAL STATUS	SINGLE		MARRIED		WIDOWED		DIVORCED		SEPARATED																											Tick Appropriately																			
6	NATIONALITY																																				CITIZENSHIP																			
7	NATIONAL IDENTITY NUMBER																																																							
8	PASSPORT NUMBER																																																							
9	RESIDENTIAL ADDRESS																																																							
	TEL																																					CELL																		
10	POSTAL ADDRESS																																																							
11	RESIDENTIAL ADDRESS WHILST STUDYING AT SCHOOL OF TOURISM AND HOSPITALITY																																																							
	TEL																																					CELL																		
12	EMAIL ADDRESS																																																							
13	PHYSICAL CHALLENGES (IF ANY)																																																							
14	MEDICAL AID																																																							
	DOCTOR/PHYSICIAN																																																							
15	LAST SCHOOL/ COLLEGE ATTENDED																																					Start with 'O'Level																		

COLLEGE/ SCHOOL	LEVEL	FROM	TO	EXAMINING BOARD

16	COLLEGE ATTENDED (Professional Qualifications)																							
LEVEL					COURSE TITLE																			
COLLEGE					LEVEL					FROM					TO					EXAMINING BOARD				

PART B: GUARDIAN / NEXT OF KIN'S DETAILS

17	SURNAME										MIDDLE NAME (S)									
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18	FIRST NAME																			
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19	RESIDENTIAL ADDRESS																			
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EMAIL																			
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PART C: SPONSORSHIP

PARENT GUARDIAN OTHER SPECIFY _____

20	SPONSOR'S DETAILS																			
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21	NAME IN FULL																			
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22	ADDRESS																			
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TEL										CELL									
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Email																			
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PART E: SPONSOR DECLARATION (To be completed by the sponsor)

23	DECLARATION BY SPONSOR	<p>I.....on behalf of myself/ the above stated organisation undertake to pay the amount on demand to School of Hospitality and Tourism when due. I acknowledge that, the student may not be allowed to attend classes until all fees due are paid. I understand that should I submit falsified information or fail to pay due fees on time, The School has the right to institute legal action against me and or my organisation</p> <p>Signed.....Date.....</p> <p>ID.....</p> <p>Witness.....Date.....</p> <p>ID.....</p>
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PART F: APPLICANT DECLARATION (To be completed by the applicant on submission)

24	DECLARATION BY APPLICANT	<p>I.....national identity number..... to the best of my knowledge declare that the information supplied above is correct. I understand that should I submit falsified information the School of Hospitality and Tourism has a right to institute legal action against me. I further agree to be bound by the rules and regulations of the School as stated in its Students Rules and Regulations document which regulations I have acquainted myself with. I declare that I will perform in all School activities as shall be required of me by the authorities</p> <p>Signed.....Date.....</p> <p>Witness.....Date.....</p>
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PART G: FOR OFFICIAL USE ONLY

Verified correct.....File Reference Number.....

Name of Officer.....Signature.....Date.....