**UNIVERSITY OF ESWATINI**

INSTITUTE OF POST GRADUATE STUDIES

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| CODED BY: |
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| CHECKED BY TUTOR: |

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| **APPLICATION FOR ADMISSION TO MASTER’S AND DOCTORAL DEGREE PROGRAMMES (2020/2021)** |

COMPLETE ALL SECTIONS IN INK AND RETURN TO THE *ADMISSIONS SECRETARY, UNIVERSITY OF ESWATINI* OR EMAIL TO [**applications@uniswa.sz**](mailto:applications@uniswa.sz)

AN APPLIC[ATION FEE OF E480.00](mailto:applications@uniswa.sz) FOR ESWATINI CITIZENS AND A FEE OF E520.00 OR NON-SWAZI CITIZENS MUST BE DEPOSITED AT THE BANK. THE APPLICATION FEE IS NON-REFUNDABLE.

APPLICANTS FOR PhD BY RESEARCH ONLY ARE ENCOURAGED TO FIRST MAKE CONTACT WITH THE RELEVANT DEPARTMENT BEFORE SUBMITTING AN APPLICATION.

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| **PERSONAL DETAILS: (USE CAPITAL LETTERS)** |
| **1.0 TITLE: MR / MRS / MS / DR** (circle one) |
| **1.1 SURNAME:** |
| **1.2 FIRST NAME(S):** |
| **1.3 GENDER: MALE / FEMALE** (circle one) |
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| **1.5 PASSPORT NUMBER (if foregn)** |
| **1.6 DATE OF BIRTH: / / (DAY/MONTH/YEAR)** |
| **1.7 MARITAL STATUS:** |
| **1.8 MAIDEN SURNAME:** |
| **1.9 CITIZENSHIP: STUDENT TYPE:** |
| **1.10 HOME LANGUAGE: PREFERED LANGUAGE:** |
| **1.11 POSTAL ADDRESS:** |
| **P. O. BOX, P/BAG**  (circle one) |
| **TOWN/CITY: COUNTRY:** |
| **1.12 PHYSICAL ADDRESS:** |
|  |
| **TOWN/CITY: COUNTRY:** |
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| **1.13 EMAIL:** |
| **1.14 CELL NUMBER** |
| **1.15 DETAILS OF NEXT OF KIN: PARENT / GUARDIAN / SPOUSE** (circle one) |
| **1.16 FULL NAME** |
| **1.17 POSTAL ADDRESS:** |
| **1.18 CELL NUMBER:** |

2.0 APPLICATION INFORMATION: (Please indicate the programme you wish to apply for)

Circle one:

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| --- | --- | --- | --- | --- | --- | --- |
| **M.A.** | **MBA** | **M.Ed.** | **M.NSc.** | **M.Sc.** | **PhD** | **PhD (Research Only)\*** |

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| PROGRAMME TITLE  (e.g. Master of Education in Curriculum & Teaching) | AREA OF SPECIALISATION/DEPARTMENT  (e.g. Social Studies Education) | FULL TIME / PART TIME | CODE  (Office Use) |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

\*For PhD by Research Only, please indicate the Department of interest under “Area of Specialisation”.

**PROPOSED START DATE: (Tick One) Semester 1 Semester 2**

**(Or Enter Start Date for PhD by Research Only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.0 ACADEMIC QUALIFICATIONS**3.1 POST HIGH SCHOOL INSTITUTIONS ATTENDED

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| --- | --- | --- | --- | --- |
| NAME OF INSTITUTION | PERIOD OF STUDY | | | **QUALIFICATION** |
|  |  | to |  |  |
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|  |  | to |  |  |

3.2 **PRESENT OCCUPATION: …………………………………………………………………………………………………………………..**

**3.3 EMPLOYMENT HISTORY:**

|  |  |  |
| --- | --- | --- |
| NAME AND ADDRESS OF EMPLOYER | TYPE OF EMPLOYMENT | DURATION |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

4.0 **PLEASE PROVIDE A SYNOPSIS OF YOUR PROPOSED RESEARCH INTEREST (**You may use additional paper)

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**5.0 FINANCIAL PROCEDURE**

5.1 Application fees should be directed to:

First National Bank of Swaziland Limited

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| Branch: | **Matsapha** |
| Account Holder:  Account Number: | **University of Eswatini** *57730018902* |
| Branch Code: | **281064** |
| Swift Code: | **FIRNSZMX** |
| Payment Reference:  Off-line applications | **National identity number (PIN)** |

(Wrongly referenced payments will not be allocated to student accounts)  
5.2) The application process shall only be competed once application fee has been paid in full.  
5.3) The following waiting periods shall apply to the different methods of payments before  
application can be further processed:

5.3.1. Cash deposits /FNB to FNB transfers – 2 working days  
5.3.2. Local Interbank EFTs – 3 working days  
5.3. 3. Foreign payment – 5 working days  
5.3.3.1 No cheque payments shall be accepted for application fees.

5.4. Application fee is non-refundable.

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| **PLEASE CHECK IF YOU HAVE DONE THE FOLLOWING** | **TICK** |
| a) COMPLETED ALL SECTIONS? .................................................................................... |  |
| b) ENCLOSED APPLICATION FEE (BANK RECIEPT)? |  |
| d) ENCLOSED AN OFFICIAL COPY OF YOUR NATIONAL ID? |  |
| c) ENCLOSED AN OFFICIAL COPY/COPIES OF YOUR ACADEMICRESULTS/CERTIFICATES? |  |

**DECLARATION BY APPLICANT**I declare that all the above information is correct and true to the best of my knowledge and belief. I agree that if I am accepted by the University, I shall be liable to disciplinary control of the University authority and I undertake to conform to the rules and regulations of the University.

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| **APPLICANT NAME:** |
| **APPLICANT SIGNATURE: DATE:** |
| **NEXT OF KIN NAME:** |
| NEXT OF KIN SIGNATURE: **DATE:** |