



UNIVERSITY OF ESWATINI

INSTITUTE OF POST GRADUATE STUDIES

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> STUDENT ID <input style="width: 150px; height: 20px;" type="text"/> </div>	OFFICE USE ONLY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">CHECKED BY _____</td></tr> <tr><td style="padding: 2px;">CODED BY _____</td></tr> <tr><td style="padding: 2px;">ENTERED BY _____</td></tr> <tr><td style="padding: 2px;">CHECKED BY TUTOR _____</td></tr> </table>	CHECKED BY _____	CODED BY _____	ENTERED BY _____	CHECKED BY TUTOR _____
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APPLICATION FOR ADMISSION TO A MASTER'S & DOCTORAL DEGREE PROGRAMMES (2019/2020)

COMPLETE ALL SECTIONS IN INK AND RETURN TO THE *ADMISSIONS SECRETARY, UNIVERSITY OF ESWATINI, PRIVATE BAG 4, KWALUSENI ESWATINI*, OR EMAIL TO **applications@uniswa.sz** before **1ST MARCH, 2019**.

AN APPLICATION FEE OF E430.00 FOR ESWATINI CITIZENS AND A FEE OF E480.00 FOR NON-SWAZI CITIZENS MUST ACCOMPANY THE APPLICATION. THE FEE IS NON-REFUNDABLE.

SHOULD YOU WISH TO CHANGE YOUR INTENDED PROGRAMME OF STUDY AFTER HAVING SUBMITTED THE APPLICATION FORM. THE CHANGE SHOULD BE EFFECTED BEFORE THE CLOSING DATE FOR SUBMISSION OF APPLICATION. EACH CANDIDATE IS REQUIRED TO COMPLETE ONLY **ONE (1)** APPLICATION FORM

PERSONAL DETAILS: (USE CAPITAL LETTERS)													
1.0 TITLE: MR / MRS / MS (MISS) / DR (circle one).	INITIALS: _____												
1.1 SURNAME: _____													
1.2 FIRST NAME(S): _____													
1.3 GENDER: MALE / FEMALE (circle one).													
1.4 PERSONAL IDENTIFICATION NUMBER (PIN): _____	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>												
1.5 PASSPORT NUMBER(If Foreign Student): _____													
1.6 DATE OF BIRTH: _____ / _____ / _____ (DAY/MONTH/YEAR)													
1.7 MARITAL STATUS: SINGLE / MARRIED / DIVORCED / WIDOWED (circle one).													
1.8 MAIDEN SURNAME: _____													
1.9 CITIZENSHIP: _____	STUDENT TYPE: _____												
1.10 HOME LANGUAGE: _____	PREFERRED LANGUAGE: _____												
1.11 POSTAL ADDRESS: _____													
P. O. BOX, P/BAG(circle one)													
TOWN / CITY: _____	COUNTRY: _____												
1.12 PHYSICAL ADDRESS: _____													
TOWN / CITY: _____	COUNTRY: _____												
1.13 EMAIL: _____													
1.14 CELL NUMBER: _____													
1.15 DETAILS OF NEXT OF KIN: _____ PARENT / GUARDIAN / SPOUSE Tick the applicable													
1.16 FULL NAMES: _____													
1.17 POSTAL ADDRESS: _____													
1.18 CELL NUMBER: _____													

2.0 PROGRAMMES OFFERED

PROGRAMME		FOR OFFICIAL USE
M. A.	MASTER OF ARTS IN HISTORY	57
M. ED.	MASTER OF EDUCATION IN ADULT EDUCATION	91
M. ED.	MASTER OF EDUCATION IN PRIMARY EDUCATION	72
M. ED.	MASTER OF EDUCATION IN EDUCATIONAL FOUNDATIONS AND MANAGEMENT	73
M. SC.	MASTER OF SCIENCE IN AGRICULTURAL EDUCATION	61
M. SC.	MASTER OF SCIENCE IN AGRICULTURAL EXTENSION	53
M. SC.	MASTER OF SCIENCE IN AGRICULTURAL AND APPLIED ECONOMICS	83
M. SC.	MASTER OF SCIENCE IN ANIMAL SCIENCE	51
M. SC.	MASTER OF SCIENCE IN CHEMISTRY	55
M. SC.	MASTER OF SCIENCE IN CROP SCIENCE	66
M. SC.	MASTER OF SCIENCE IN FOOD SCIENCE AND TECHNOLOGY	67
M. SC.	MASTER OF SCIENCE IN ENVIRONMENTAL RESOURCE MANAGEMENT	75
M. SC.	MASTER OF SCIENCE IN HORTICULTURE	27
M.NSC.	MASTER OF NURSING SCIENCE IN FAMILY NURSE PRACTICE	62
M.SC	MASTER OF SCIENCE IN MIDWIFERY	82
MBA	MASTER OF BUSINESS ADMINISTRATION	56
Ph.D.	AGRICULTURAL AND APPLIED ECONOMICS	06
Ph.D.	AGRICULTURAL EDUCATION	26
<p>NB Ph.D programmes are only offered part- time</p>		

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

PROGRAMME APPLIED FOR	AREA OF SPECIALISATION	FULL TIME / PART TIME	CODE (Office Use)
1.			
2.			
3.			

6. FINANCIAL PROCEDURE

1.0) Application fees should be directed to:

First National Bank of Swaziland Limited

Branch: **Matsapha**

Account Holder: **University of Eswatini**

Account Number: **57730018902**

Branch Code: **281064**

Swift Code: **FIRNSZMX**

Payment Reference:

B) Off-line applications – National identity number (PIN)

(Wrongly referenced payments will not be allocated to student accounts)

1.1) The application process shall only be completed once application fee has been paid in full.

1.2) The following waiting periods shall apply to the different methods of payments before application can be further processed:

- 1. Cash deposits /FNB to FNB transfers – 2 working days
- 2. Local Interbank EFTs – 3 working days
- 3. 3. Foreign payment – 5 working days

3.0) No cheque payments shall be accepted for application fees.

4.0) Application fee is non-refundable.

7. PLEASE CHECK IF YOU HAVE DONE THE FOLLOWING

- a). COMPLETED ALL SECTIONS?
- b). ENCLOSED APPLICATION FEE (BANK RECEIPT)?
- c). ENCLOSED AN OFFICIAL COPY/COPIES OF YOUR ACADEMIC RESULTS/ TRANSCRIPTS AND CERTIFICATES?
- d). ENCLOSED AN OFFICIAL COPY OF YOUR NATIONAL ID?

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

8. 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.

APPLICANT NAME: <input style="width: 90%;" type="text"/>	
APPLICANT SIGNATURE: <input style="width: 60%;" type="text"/>	DATE: <input style="width: 30%;" type="text"/>
NEXT OF KIN NAME: <input style="width: 90%;" type="text"/>	
NEXT OF KIN SIGNATURE: <input style="width: 60%;" type="text"/>	DATE: <input style="width: 30%;" type="text"/>