



in
affiliation
with



ENROLMENT FORM

1.1 ☐ Diploma ☐ Undergraduate Degree ☐ Postgraduate Degree

(Tick the applicable program)

Student No:

Official Use Only

Full title of Program _____
(e.g MBA, Theology)

Year of Application:

Proposed
Semester:

☐ February

☐ August

(Tick the appropriate)

Year:

PART 2: Personal details

2.1 Title _____ Surname/
(Ms/Mrs/Miss/Mr/Other): _____ Family Name: _____

Given
Names: _____

Date
of Birth:

Gender: ☐ Male ☐ Female
(Tick the appropriate)

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Widowed
(Tick the appropriate)

Maiden
Name: _____ Email: _____
(if Applicable)

Phone:
(Day & Evening) (NB: Include Country Code)

Alternative
Phone:
(NB: Include Country Code)

Population
Group: ☐ African ☐ Indian ☐ Coloured ☐ White Other: _____
(Please Specify)

Permanent
Home Address: _____

Contact
Address: _____
(If Different from Home Address)

Nationality: _____

Country
of Birth: _____

Type of
Identification: ☐ National ID ☐ Passport ☐ Drivers' Licence
(Tick the appropriate)

Document
Reg Number: _____

Permit Status in RSA: ☐ Study Permit ☐ Work Permit ☐ Permanent Resident

Other: _____
(Please Specify)

2.2 Next of Kin Particulars

Full Name: _____

Relationship: _____

Address: _____

Contact
Phone:
NB: Include Country Code

2.3 Disabled Applicants

If you have a disability, or specific needs, we welcome your application to EWI. You are invited to use this section to highlight any special requirements you might have which you feel should be discussed in interview.

Please also indicate if there are any special requirements which we need to take into account if an interview is arranged (eg relating to physical access to interview room).

☐ Blind ☐ Cerebral Palsy ☐ Deafness ☐ Speech Impairment

Other: _____
(Please Specify)

PART 3: Qualification and Experience

3.1 Educational Qualifications

'O' Level Equivalent

Institution:		
Subject	Grade	Year

'A' Level Equivalent

Institution:		
Subject	Grade	Year

3.2 Tertiary Education or Professional Qualifications

Give details of higher education/ professional qualifications starting from the highest:

Name of Institution	Qualification	Date of Award

Notes:

1. Please enclose certified copies of certificates, transcripts with your application, along with any official explanation / translation where necessary. An unconditional offer of a place to study cannot be made until we have received certified copies of certificates and proof of payment for application fees, levies and tuition.
2. All our programs will be conducted in English. If English is not your first language, or the language in which your higher education was conducted, please provide evidence of your proficiency in English. Entry requirements for our Programs are that you have to prove ability to write and convers in English. If there is nothing done, please leave the space blank.

English Language Qualification:

Kind of Test	Overall Score	Date of Qualification

Score for Individual Components:

Listening	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Reading	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Writing	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Speaking	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

3.3 Work Experience

Give details of your work experience starting from the most recent:

Organization	Position	From	To

PART 4: References

4.1 Please give the name, address and position of a referee, who must be able to comment on your personal, academic or professional work.

Referee 1

Name: _____ Role/ Designation: _____
Institution: _____ Contact Phone:
(NB: Include Country Code)
Contact Address: _____
Email: _____

Referee 2

Name: _____ Role/ Designation: _____
Institution: _____ Contact Phone:
(NB: Include Country Code)
Contact Address: _____
Email: _____

PART 5: Acknowledgments

5.1 I declare that the information I have given is true and correct to the best of my knowledge. I also declare that I will be bound by Eagle's Wings Institute / Zimbabwe Open University policies and regulations as amended from time to time.

Signature of Applicant: _____ Date: _____
(Please check that you have enclosed/attached all the relevant documentation with your application)

PART 6: Banking Details

6.1 BANKING DETAILS

ACCOUNT NAME	ACCOUNT NUMBER	BANK NAME	BRANCH NAME	BRANCH CODE	SWIFT CODE
EAGLES WINGS INSTITUTE	62811445453	FIRST NATIONAL BANK	WOODBIDGE	205 609	FIRNZAJJ

PART 7: Approval (For Official use only)

7.1 This section should be completed by the Registrar's Office after application forms review.

Decision	Comments
Unconditional Acceptance for Study	
Conditional Acceptance subject to	
Reject (please state reason)	

7.2 Signature and Official Stamp

Signature: _____ Date: _____

OFFICIAL STAMP