

MASTERS DEGREE IN INTELLECTUAL PROPERTY (MIP)

APPLICATION FOR ADMISSION 2018

- Complete the required items
 Print in **BLOCK LETTERS** and tick (√) where appropriate

SECTION A	A			: P	ER	SO	NAI	L DF	ETAILS	5											
Surname																					
First Name																					
Middle Name																					
Surname(If different from above)																					
Have you ever been	r been registered at Africa University (Please tick) Yes No																				
If YES, please ente	r stude	nt reg	;istrati	ion n	umbo	er															
Date of Birth	D	D	М	М	Y	Y	Y	Y	Gender	(Ple	ase t	ick)	N	/lale			Ferr	nale			
Place of Birth		<u> </u>	<u> </u>						Countr	y of]	Birth										
Nationality	Country of Permanent Residence																				
ID No. (if applicable	;)								Passpo	rt No	•										
Marital Status (Pla	ease tic	k)		M	larrie	ed			Single	Single Divorced Widowed			d								
Physical Address:																					
Mailing Address:																					
Postal Code	Telephone Dialing Code International Telephone No. Fax No applicants to supply country and area code																				
		Τ			Τ																
Email Address		1													 	8	. 1		1		

SECTION B : EDUCATIONAL BACKGROUND	SECTION D . EDUCATIONAL DACKOROUND
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Fill in the names of secondary schools attended with qualifications obtained in the table below Note: Applicants must submit certified copies of certificates/transcripts to prove the stated qualifications

Scho	ool Certificate "	Ordinary " Level or E	quivalent			
Scho	ool Name					
Scho	ool Address		-			
From	n e.g. 1998	To e.g. 2002	Examining Authority:			
			-			
	Subject		Grade		Subject	Grade
1.				6.		
2.				7.		
3.				8.		
4.				9.		
5.				10		
Ціа	er School Certi	ficato / Conerol Certit	ficate of Education "Adv	cread L	wal" or Equivalent	
		licate / General Certin	ficate of Education "Adva		evel of Equivalent	
	ool Name					
	ool Address					
From	n e.g. 1998	To e.g. 2002	Examining Authority:			
	Subject		Grade		Subject	Grade
1.				6.		
2.				7.		
3.				8.		
4.				9.		
5.				10.		

SECTION	NC :	HIGHER EDUCATION			
List all periods copies of your		n at other Universities, Technical Colleges and Teacher Training ult statements.	Colleges. Please enclose certified		
Year		Tertiary Institution	Qualification obtained		
From	То				

SECTION D : PROFESSIONAL QUALIFICATIONS							
List relevant pr	rofessional qua	alifications and / or member in proj	fessional institutions				
Ye	ar						
From	То	Awarding Institution	Professional Qualification	Place/ Country			

SECTION E	: WORK EXPERIENCE (3 most recent jobs where applicable)
Name of Employer:	
Dates Employed : From:	To:
Job Title:	
Responsibilities:	
Name of Employer:	
Dates Employed: From:	To:
Job Title:	
Responsibilities:	

Name of Employer:		
Dates Employed:	From:	To:
Job Title:		
Responsibilities:		

SECTION F : AUTOBIOGRAPHICAL STATEMENT

In no more than 1500 words, give a description of your activities and employment since acquiring your first degree/professional qualifications, relating them to your career objectives. Discuss the importance of the graduate degree training with respect to your career goals.

SECTION G

: FINANCES (If sponsored attach proof of sponsorship)

How do you intend to finance yo	our studie	es at Africa University?	? (Please tick b	elow)	
Self		Family		Employer	Scholarship
Name of sponsor (if not self)					
Address of sponsor					
Sponsor's telephone number					
Sponsor's email address					

ENGLISH LANGUAGE PROFICIENCY

Applicants are advised that English is the language of instruction at Africa University.

SECTION H : PLEASE INDICATE HOW YOU HEARD ABOUT THE MIP PROGRAMME

We will use this information to monitor and improve the services we offer to applicants and prospective students

What was your main source of information about Africa University?	Choose one option only below:

Advertisement	WIPO website	Africa University website
Friends/family studying at AU	Alumni	Friends/family
ARIPO Website	Others (Specify):	

SECTION I : GENERAL COMMENTS

(Specify any other information which you think is relevant to support your application)

SECT	TION J:	: DECLARATION AND UNDE	RTAKINGS BY APPLICANT				
1.	1. I have read and understood the contents of this application. I declare that to the best of my knowledge and belief, the above information is correct and that should the information be found incorrect and misleading, my application may be invalidated.						
2.	I undertake to abide by the rules of the University.						
3.	3. I hereby waive all claims against the University of any damages or loss suffered while l am, or as a consequence of my being, a student of the University and arising out of death, bodily injury, loss of health or illness suffered by me or any other person and loss or destruction of, or damage to any property belonging to me or any other person, howsoever such damage or loss is caused, including but not limited through the negligence of the University or any official, employee or representative of the University. I or my estate hereby indemnifies the University against any claims by any person arising in any way as stated above in respect of my own negligent or willful acts or omissions.						
Signatu	re of Applicant:		Date:				

(Where necessary/applicable)

The Nomination is approved by (name and title of authorizing authority)

_____ in accordance with local rules.

Date___

Signature of authorizing authority and Officer's Stamp_

For Admission Office Use only	
Date application received:	
Decision: Applicant admitted:	IPLG
Decision: Applicant admitted:	Application rejected

SECTION K	: CHECKLIST	
	ed if it is incomplete, incorrect, or if the required documents are not	(Please tick)
attached.		
Please check the correctness of the information you have provided on the preceding pages of this form.		
Have you signed the form?		
Have you enclosed certified copies of your academic certificates, professional certificates and transcripts?		
The completed Application Form and supporting documents should be addressed to:		
The Assistant Registrar-Academic Affairs		
Africa University		
P. O. Box 1320		
Mutare, Zimbabwe		
Tel:	+263-20-60075 ext 339/329	
Fax:	+263-20-61785/66783	
Email:	academic@africau.ed	
Website:	http://www.africau.edu	

The deadline for submission of the Application Form and Certificates is 28 February 2018