

# MASVINGO TEACHERS' COLLEGE

P. O. BOX 760  
MASVINGO

Tel: (039) 263529/264441/262089  
www.masvingoteachers.ac.zw

## PROSPECTIVE STUDENT APPLICATION FORM



### SECTION A: INSTRUCTIONS

1. Complete this form in **BLOCK CAPITALS**.
2. Ensure that the information provided on this form is **ACCURATE**.
3. Deposit the completed form in the box at college.

APPLICATION No.

(For Official use)

**PRIMARY**

**SECONDARY**

Tick the box appropriate for the application you are making

### SECTION B: APPLICANT'S DETAILS

SURNAME: \_\_\_\_\_ FORENAME(S): \_\_\_\_\_ SEX: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ CELL No.: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

### SECTION C: ACADEMIC DETAILS

Enter your Ordinary Level passes in this section indicating the subject, symbol obtained and the year.

SUBJECT	GRADE	YEAR

SUBJECT	GRADE	YEAR

Enter your Advanced Level passes in this section (if any) indicating the subject, symbol obtained and the year.

SUBJECT	GRADE	YEAR

SUBJECT	GRADE	YEAR

### SECTION D: MAIN SUBJECT PREFERENCE

For applicants applying for Diploma in Education (Secondary). Please tick the main subject you would prefer to take up.

PREFERRED MAIN SUBJECT

GEO/AGRICULTURE

MATHEMATICS

SCIENCE

Please ensure that you have attached COMMISSIONER OF OATHS certified copies of your: Birth Certificate, National ID, O' Level Certificate and A' Level Certificate (if any).

I.....declare that the information given above is true and am aware that supplying false information may nullify my application.

SIGNATURE:.....

DATE:.....