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|  | **NATIONAL UNIVERSITY OF SCIENCE AND TECHNOLOGY****CENTRE FOR CONTINUING EDUCATION**55 Jason Moyo Street/ Corner 4th Ave, Bulawayo.Tel: +263-292-887548, 887488 Email: cce@nust.ac.zw |

**Registration Form**

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| --- | --- | --- | --- |
| **CCE Center:** | **Bulawayo** | **Harare** | **Beitbridge** |

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| Programme Applied for:  |  |
| PERSONAL INFORMATION |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| tITLE |  | First NAME |  | SURNAME |  |
| GENDER |  | **Place of Birth** |   | **DATE OF BIRTH** | DD – MM - YYYY |
| NATIONAL ID NO. |  | **PASSPORT NO.** | OPTIONAL |
| nATIONALITY |  |
| ANY PHYSICAL HANDICAP? | YES NO | **(If yes state if assistance will be needed)** |
|  |
| HIGHEST EDUCATIONAL QUALIFICATION |  |
| COMPANY /ORGANIZATION |  |
| CONTACT INFORMATION |
| HOME ADDRESS |  |
| PHONE |  | **EMAIL ADDRESS** |  |
| HOW DID YOU FIND OUT ABOUT THIS CENTRE? |  |

**NEXT OF KEEN DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME |  | RELATIONSHIP |  |
| PHONE |  | EMAIL |  |

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Official Use Only**

**Registration Fee Paid**……………………………… **Receipt Number** ……...………………

**Tuition Fees Paid** ………………………………… **Receipt Number** ……………….………

**Signed** …………………………………………. …  **Date** ……………………………………