|  |  |
| --- | --- |
|  | **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**

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

|  |  |
| --- | --- |
| 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** ……………………………………