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**UG PAN-AFRICAN DOCTORAL ACADEMY**

**APPLICATION FORM: JUNE 2016 Doctoral SchoolS**

***(PS: Places for each Module will be offered strictly on a First Come-First Served Basis)***

**A. PERSONAL DETAILS**

|  |  |  |
| --- | --- | --- |
| **TITLE:** | **SURNAME:** | |
| **OTHER NAME(S):** | | |
| **DEPARTMENT/INSTITUTE/SCHOOL IN WHICH YOU ARE REGISTERED:** | | |
| **UNIVERSITY WHERE REGISTERED:** | | |
| **STUDENT ID NUMBER:** | | **YEAR OF PROGRAMME (e.g. Yr. 2)** |

**B. CONTACT INFORMATION**

|  |  |
| --- | --- |
| **PRIMARY MOBILE PHONE NO:** | **ALTERNATIVE MOBILE PHONE NO(S):** |
| **PRIMARY E-MAIL** | **ALTERNATIVE E-MAIL ADDRESS** |

**C. MODULE SELECTION**

|  |  |
| --- | --- |
| **HAVE YOU ATTENDED ANY DOCTORAL SCHOOLS?**  **YES/NO** | **IF YES, INDICATE WHERE AND LIST THE COURSES TAKEN:** |
| **PLEASE SELECT MODULES FOR JUNE SCHOOLS IN ORDER OF PREFERENCE** | |
| **1.** | |
| **2.** | |
| **3.** | |
| **4.** | |

**D. CONFIRMATION**

|  |  |
| --- | --- |
| **PLEASE SIGN BELOW TO CONFIRM YOUR FULL PARTICIPATION** | |
| **APPLICANT’S SIGNATURE:** | **DATE:** |
| **I certify that ………………………………………..……..……………………………….……………………………………….……**  **is a registered PhD student under my supervision/in my Department and that if given a place s/he will attend the full course.**  **SUPERVISOR/HOD’S SIGNATURE:** | **DATE:** |