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APPLICATION FORM

MAVERICK UNIVERSITY OF ARIZONA AMERICA

.....No

COURE APPLIED FOR: (e,g MA, PhD, EdD etc)

PROGRAMME: ONLINE

1. **NAME (S) OF APPLICATION** (The names in which will be registered will be those that appear on your certificate/Diploma or equivalent document offered as entry qualification

(a) Surname.....

(b) Other Names.....

2. ID Passport ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

3. Gender: Male ☐ Female ☐

4. (a)Date of Birth(b)Place of Birth:

5. Religious Affiliation.....

6. Nationality.....District of Birth:County.....

District of Residence:Country of residence:

7. E-mail.....

8. Resident Address

.....

Tel.....

9. Workplace

Address.....

.....code.....Tel.....

10. Course registered for

Course Duration.....

☐Full time ☐Part time

11. Academic and Professional Qualifications:

Name of Institution	From to	GPA	Diploma	Major

7.State your employment record beginning with your present job.

Position Held	Organization	Time	
		From	To

State briefly the reason why you want to take this course and its relation to your interest/ future job responsibility

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SPONSORSHIP: Name (s) of Sponsor & Address of sponsor

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Address.....

Tel No.....(b) Fax No.....(c) Email.....

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DECLARATION:

I certify that the best of my knowledge, the information given in part A of this form is true.

Signature of application.....

Date: