

# Faculty of Medicine

**Application for Admission into MBBS Programme for August 2020**

## Applicant’s surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ first names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## BSc/a-levels: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ student no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I. PERSONAL DATA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title/ Prefix:** Mr/Mrs/Miss/Ms/Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Circle the applicable)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

**National Identification Number:**

(Citizens)

**Country of Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(If changed, please attach a certified copy of proof of name change to this Form.)*

**Marital Status**: Single/Married/Divorced/Widowed *(Tick whichever is applicable)*

**Gender (***Circle the applicable***):** M/ F

|  |  |  |
| --- | --- | --- |
| Day: | Month: | Year: |

**Date of Birth:**

**Have you been convicted of a crime that will not allow you to practice medicine in Botswana? If “Yes”, give details.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Correspondence address to which all correspondence regarding this application should be sent:**

**Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile/Cell. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**II. DETAILS OF NEXT OF KIN** (**Provide full details of 2 next of kin) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Details** | **Next of Kin 1** | **Next of Kin 2** |
| Relationship (e.g. Parent/Guardian/Spouse/Sibling) |  |  |
| Full Names |  |  |
| Postal Address: |  |  |
| Telephone |  |  |
| Mobile/Cell. No. |  |  |
| Fax No. |  |  |
| Email |  |  |

**III. GENERAL INFORMATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Place where you were born? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place where you were raised? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have siblings and what are their ages? (Tick the appropriate box.)

|  |
| --- |
|  |

Brother(s) Age(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  |

Sister(s) Age(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV. FINANCIAL SUPPORT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_**

**(**Name and Address of Sponsor)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**V. EDUCATIONAL DATA: High School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_**

(Give the BGCSE/IGCSE/A-Level/Matric and any other relevant senior secondary grade)

|  |  |  |
| --- | --- | --- |
| **Name and Location of School/Institution** | **Examining Authority (e.g. BEC)** | **Grade Obtained** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

**VI. EDUCATIONAL DATA: Tertiary - 1st Semester B.Sc. Courses \_\_\_\_\_ \_\_**

|  |  |  |
| --- | --- | --- |
| **Course and Code** | **Mark Obtained (%)** | **Grade Obtained****(e.g. A, B, etc.)** |
| Biology (BIO 111) |  |  |
| Chemistry (CHE 101) |  |  |
| Mathematics (MAT 111) |  |  |
| Physics (PHY 112) |  |  |
| Communication and Study Skills (COM 101/141) |  |  |
| Computing and Information Skills (ICT 121) |  |  |

**VII. FOR OFFICIAL USE ONLY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EDUCATIONAL DATA: Tertiary - 2nd Semester B.Sc. Courses \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Course and Code** | **Mark Obtained** **(%)** | **Grade Obtained****(e.g. A, B, etc.)** |
| Biology (BIO 112)  |  |  |
| Chemistry (CHE 102) |  |  |
| Mathematics (MAT 122) |  |  |
| Physics (PHY 122) |  |  |
| Communication and Study Skills (COM 102/142) |  |  |
| Computing and Information Skills (ICT 122) |  |  |

**VIII. Details of YOUR PART-time Employment to Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Give the name and address of your recent employer. Give month and year on which work started and terminated. Describe in brief exactly what you did on a day to day basis.

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates Worked: **From** (*month & year*) \_\_\_\_\_\_\_\_**To** (*month & year*) \_\_\_\_\_\_­­­­­­­\_\_ Hours Worked per week: \_\_\_\_\_\_\_\_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details/Description of Job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IX. REQUIRED DOCUMENTATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Make sure that you have enclosed the following items:**

i. Certified Copy of UB or other tertiary transcript.

ii. Certified Copy of School Certificate/s.

iii. Certified Copy of Post School Certificate/s.

iv. Certified Copy of Original Statement of Results (from Examining Council/Body) if (iii) unavailable.

**NOTE: The original statement of results is required for foreign qualifications.**

v. Proof of Change of Surname (*where applicable*).

vi. Certified Copy of Omang (Botswana citizens) or Passport (international students).

**PLEASE NOTE: The Faculty Admissions Office will not accept any application form without the required**

 **documentation. The University will not contact you to submit any missing items required.**

**x. Declaration By Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that all the information is true and correct to the best of my knowledge and belief. I am aware that the University reserves the right to reject any application and/or withdraw and cancel any offer of admission should all or part of the above information be found to be untrue and or incorrect, or if an offer was erroneously made. I agree that if I am accepted at the University Of Botswana Faculty Of Medicine I shall be under the disciplinary control of the University authorities and I undertake to acquaint myself with, and to conform to the rules and regulations of the University. I also declare that I have read instructions.

**Full names of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**FOR OFFICIAL USE ONLY**

**Date this Form received: \_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Official Faculty of Medicine Stamp

**Name of Recipient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Recipient**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions and Information for Applicants**

**Please read the instructions and information below before completing the Application Form**.

* An applicant must use and submit only one Application Form. The application form must be received by **Friday, 30th April 2020.**
* The Application Form has five (5) pages with 10 sections. Complete every part of the Form in full EXCEPT FOR SECTION 7 ONLY. Read the Entry requirements carefully and ensure you apply to the Faculty of Medicine only when you meet the requirements specified. **Meeting the minimum entry requirements does not guarantee admission.**
* Applications will be accepted ONLY from current Level 100 B.Sc. students. Applicants who have recently attained their A-Level certificates are also eligible to apply.
* Change of Names/Surnames: Provide proof of change of name(s) if your School Certificates and/or other official documents bear different names. (An affidavit from Customary Authority or Police shall not be accepted).
* On receipt of your Application Form, this Faculty will send you an acknowledgement letter. If you have not received it by the sixth week, enquire about your application from the Faculty of Medicine Office. Enquire during July about the decision on your application if necessary.
* The onus is on the applicant to submit all required items by the due date. Applications that do not have all required documents will not be accepted.
* **Selection Procedure:** The Faculty of Medicine will review and process the applications as soon as the application period is closed. If you do not hear from the Faculty of Medicine Office by July 25th 2020 that means your application was not successful.

**Return the completed Application Form to: The Faculty of Medicine Office**

**Graduate Lounge**

**Block 246 - Office: H104**

**University of Botswana**

**Private Bag 00173,**

**Gaborone, BOTSWANA**

**For Enquiries: Mrs. K. Molapisi**

**Tel.: (+267) 355-4755**

**Email:** **maplankak@ub.ac.bw**