

# HARARE INSTITUTE OF TECHNOLOGY POSTGRADUATE ADMISSION APPLICATION FORM

#### **2022 INTAKE**

**NB:** First read the **NOTES** on the next page, then complete all sections of the form but do **NOT** write in the coloured boxes which are for official use only. Print clearly in ink in the blank spaces and on the dotted lines as required.

PLEASE DEPOSIT A NON REFUNDABLE APPLICATION FEE OF US\$40.00 OR ZWL EQUIVALENT PAYABLE AT THE PREVAILING INTERBANK RATE FOR ZIMBABWEANS ONLY AND US\$50.00 FOR INTERNATIONAL APPLICANTS INTO THE HIT BANK LOCAL ACCOUNT: CBZ, ACCOUNT NUMBER 02420583120037,

SWIFT CODE: COBZZWHA BRANCH SORT CODE: 6120 SAPPHIRE BRANCH, HARARE;

CBZ <u>NOSTRO</u> ACCOUNT NUMBER: 03320583120047, SWIFT CODE: COBZZWHA, HARARE SAPPHIRE BRANCH; STANBIC <u>NOSTRO</u> ACCOUNT NUMBER: 9140000927995, SWIFT CODE: SBICZWHX, HARARE SOUTHERTON BRANCH

# BEFORE MAKING PAYMENT THROUGH THE BANK, APPLICANTS MUST VISIT OUR WEBSITE AND OBTAIN A REFERENCE NUMBER WHICH IS USED WHEN DEPOSITING THE APPLICATION FEE

ECTION 1	1. <b>PE</b>	ERSONAL DATA													
	1.1	SURNAME:													
	1.2	TITLE: e.g Mr/Mrs	/Miss/D	r/Ms/R	ev/Sr										
	1.3	FORENAMES: (As on birth certific	ate)												
	1.4	PREVIOUS SURN	AME:												
	1.5 MARITAL STATUS: e.g. Married (M) Single (S) Divorced (D) Widowed (W)														
	1.6	SEX: Male (M), Fe	male (F	)											
	1.7 NATIONALITY:														
	1.8 CITIZENSHIP:														
	1.9 ARE YOU A PERMANENT RESIDENT OF ZIMBABWE? Yes (Y), No (N)														
		IF NOT: What perr	nit do y	ou hold	?										
		PERIOD OF RESII	DENCE	IN ZIM	IBABV	VE:					Fore	ign			
	1.10	DATE OF BIRTH	: e.g. D	ay (15)	Month	(04) Ye	ear (08)								
	1.11	PLACE OF BIRT	Н:												
	1.12	DO YOU SUFFEI ARRANGEMENT										bility (	Code		
		IF YES PLEASE G	IVE DI	ETAILS						 					
	1.13	NATIONAL I.D	NO.:			P.	ASSPO	RT NO	.:	 					
	1 14	14 WOLLD VOLUE ACCOMMODATION AT THE INSTITUTE? Voc (V) No (N)													

1.15 <b>ADDR</b> 1	ESSE ( PERM	ANENT	)													
1.16 <b>TELEF</b>	PHONE NUM	BERS														
Cell Phon	ne:						Hom	ie:								
E-Mail: .							Offic	ce or oth	ner cont	act num	ber:					
1.17 <b>NEXT</b>	OF KIN															
Name:							Surname:									
E-Mail:		• • • • • • • • • • • • • • • • • • • •					Contact mobile number:									
N.B: All con	rrespondence w	ill be for	warded t	to the al	bove ad	dress.										
SECTION 2	<u>2</u>															
FOR OFFIC	CIAL USE ON	LY														
CERTIFIC	ATES RECEI	VED/VE	RIFIED	)												
Birth Marriage ND HND								Ac Pre	eceipt eknowle ev ef Askeo	_						
'O' Level 'A' Level School University								Co	hool ollege her							
App No. Normal Special	Registratio	on Docun	nents: Is	ssued		1		Sc	efs Rece hool ollege	ived						

## **SECTION 3**

Mature

Repeat

### 3. Notes to all applicants

Date

3.1 All applicants must complete all sections of the application form carefully and legibly. If the Institute discovers that any information submitted by the applicant is false, the Institute will reject that application and may refer the matter for legal action.

Other Coded

P/A

Letter (R, NQ)

- 3.2 All applicants must endorse at the bottom of this page that they have understood the notes given below and that they agree to their application being considered under the conditions outlined below.
- 3.3 Applicants should submit this form to the Senior Assistant Registrar, Admissions, HIT, P O Box BE 277, Belvedere, Harare, Zimbabwe.

- 3.4 All applicants MUST submit with this form, photocopies (not originals) of all qualifications/certificates referred to in the application, including birth certificates. The copies of the certificates must be verified by a Commissioner of Oaths or Head/Principal of the Institute at which the examinations were taken.
- 3.5 Applicants must give careful thought to their choice of degree programme in relation to the entry requirements for that programme and their own subject passes.
- 3.6 It is important for applicants to understand that admission will be made, as far as possible, in accordance with the degree preference made by the applicants. Therefore the first preference should be what the candidate genuinely wants to pursue.
- 3.7 Applicants will be considered for their stated alternatives only if their first choice is unsuccessful and only if places on the alternative degree programme are available. In the event of a candidate not being selected for any of their preferences, an offer may be made which is not in accordance to his/her preference, should the candidate meet the required entry qualifications.
- 3.8 Applicants who are in doubt regarding the selection or preference should seek advice from the Admissions Office before completing their forms (at the Campus, Tel: 263-24-741426 33).
- 3.9 Details of the courses on offer, entry requirements and guidelines have been outlined in section 4 of this application form.
- 3.10 All Special Entry applicants will be limited to their first preference only.

#### 3.11 Finance

- 3.11.1 Applicants must ensure that they have the necessary finance to pay on registration. It is the student's responsibility to secure sponsorship, if this is needed.
- 3.11.2 Decisions on applications for admission to the Institute will NOT be made until the results of all qualifying examinations are known.

#### 3.12 Accommodation

THERE IS LIMITED ACCOMMODATION ON CAMPUS FOR WHICH ADMITTED STUDENTS MUST APPLY TO THE DEAN OF STUDENTS. STUDENTS MAY BE ABLE TO FIND RENTED ACCOMMODATION IN HARARE.

DA DE

3.13 The decision of the Admissions Committee is final.

CICNIA TRUDE OF A DDI ICANTE

	SIGNATURE OF APPLICANT:	DATE:
3.14	DURATION OF STUDY	
	Duration of study indicated in section 4.	
3.15	TYPE OF ENTRY (ADMISSION)	
	Indicate the type of entry (admission) preferred with a tick in the rel	levant box below.
	Normal Entry	
	Special Entry through other non-Zimbabwean Qu	alifications

## **SECTION 4**

### 4.1 RE: SCHOOL/CENTRE AND POSTGRADUATE DEGREE/DIPLOMA PROGRAMME CHOICE

Listed below are the Schools and Degree programmes available and the abbreviations used by the Institute to indicate these. Select carefully the School and Degree programmes of your first preference, and enter them in the spaces provided in 4.4 using the relevant abbreviations for the School and Degree programmes shown below. If you wish to be considered for alternative Schools and Degree programmes, in the event of your first choice being unsuccessful, you should also indicate these in the spaces provided.

NB: All Special Entry applications will be limited to one preference only.

## 4.2 **DEGREE PROGRAMMES OFFERED:**

PROGRAMME	ENTRY REQUIREMENTS	DURATION OF STUDY
S	CHOOL OF BUSINESS AND MANAGEMENT SCIENCES	
Master of Technology Degree in Strategy and Innovation (BMSI)	Applicants must be holders of an undergraduate Bachelor of Technology honours degree or any relevant degree in the field of Business and Management from a recognized Institution. Applicants with undergraduate degrees in Science, Technology, Engineering and Mathematics are also considered provided they have a minimum of 2 years work experience at managerial level.	2 years Block Release
	SCHOOL OF ENGINEERING AND TECHNOLOGY (ET)	
Master of Technology (MTech) Degree in Machine Design (EMMD)	Applicants must be holders of a Bachelor of Technology Honours Degree in Industrial and Manufacturing Engineering or any relevant Honours Degree from a recognized Institution. Relevant fields include but are not limited to Production Engineering, Mechanical Engineering and Mechatronics Engineering.	3 years Block Release
	SCHOOL OF ALLIED HEALTH SCIENCES (AHS)	
Postgraduate Diploma in Medical Dosimetry ( <b>SDMD</b> )	Applicants must be holders of a Bachelor of Technology Honours Degree in Therapeutic Radiography, Bachelor of Science Honours Degree in Therapeutic Radiography or equivalent professional qualification plus a minimum of 2 years post qualification experience.	2 years Block Release
Postgraduate Diploma in Medical Ultrasound ( <b>SDMU</b> )	Applicants must be holders of a Bachelor of Technology Honours Degree in Radiography, Bachelor of Science Honours Degree in Radiography or any other equivalent professional qualification plus a minimum of 2 years post qualifying experience in the field of Radiography.	2 years Full-time
SCHO	OL OF INFORMATION SCIENCE AND TECHNOLOGY (IST)	
Master of Technology (MTech) Degree in Cloud Computing (IMCC)	Applicants must be holders of a Bachelor of Technology Honours Degree in the field of Information Science and Technology or any relevant Honours Degree from a recognized Institution. Relevant fields include but are not limited to Computer Science, Computer Science and Engineering, Software Engineering, Information Security and Assurance, Information Technology and Information Systems.	3 years Block Release
Master of Technology (MTech) Degree in Computer Science (IMCS)	Applicants must be holders of a Bachelor of Technology Honours Degree in Computer Science or any relevant Honours Degree from a recognized Institution. Relevant fields include but are not limited to Computer Science and Computer Science and Engineering.	3 years Block Release
Master of Technology (MTech) Degree in Information Technology ( <b>IMIT</b> )	Applicants must be holders of a Bachelor of Technology Honours Degree in Information Technology or any relevant Honours Degree from a recognized Institution. Relevant fields include but are not limited to Information Technology, Technology, Information Systems, Information Security and Assurance, Computer Science and Software Engineering.	3 years Block Release
Master of Technology (MTech) Degree in Software Engineering (IMSE)	Applicants must be holders of a Bachelor of Technology Honours Degree in Software Engineering or any relevant Honours Degree from a recognized Institution. Relevant fields include but are not limited to Software Engineering, Computer Science, Information Technology and Computer Science and Engineering.	3 years Block Release

			Full-time			Part-time		Block Release
4.4	Refer	to preceding	table, ther	PROGRAMME ( a complete the foll thought to indicate the second control of the second con		gree programme pi	referred.	
	PREFER	ENCES	DEGR	EE PROGRAMM	ИE		SCHOOL	
	1							
	2							
(Iı	ndicate 'O' l	Level Mather	natics and	English only, ther	JLTS ARE KNOV n all 'A' Level Sub	ject)		DEGLI TG/GDADE
DA	IE	EXAMIN BODY	ING	LEVEL	SUBJE	CIS		RESULTS/GRADE
6. I	OIPLOMAS	S OR OTHE	R QUAL	IFICATIONS HE	ELD			
DA'	ТЕ	INSTITUT	ΓE	LEVEL	PROGRA	MME		RESULTS/GRADE
								_

PREFERRED MODE OF STUDY:

Indicate the preferred mode of study with a tick in the relevant box below.

4.3

## 7. UNIVERSITY ATTENDED

7.1	HARARE INSTITUTE OF TECHNOLOGY Have you ever registered with the Harare Institute of Technology? Yes (Y)/No (N)					
	IF YES: PERIOD OF ATTENDANCE: Starting Year (e.g. 07)					
	Ending Year (e.g. 10)					
	PROGRAMME OF STUDY: (e.g./B. Tech, M. Tech)					
	MAJOR SUBJECTS AND GRADES:					
	QUALIFICATION COMPLETED: Yes (Y) No (N)			•	•	
	DATE OF AWARD (e.g. Month (06) Year (00)					
	OVERALL GRADE/CLASSIFICATION (if applicable)					
7.2	PREVIOUS UNIVERSITIES OR SIMILAR INSTITUTE ATTENDED (If outside Zimbabwe, give full address)  Name and Address of University attended		 			
	PERIOD OF ATTENDANCE: Starting Year (e.g. 96) Ending Year (e.g. 99)	•••••	 •••			
	PROGRAMME OF STUDY					
	MAJOR SUBJECTS AND GRADES					
	QUALIFICATION COMPLETED: Yes (Y) No (N)					
	DATE OF AWARD: (month and year)		1	1		
	OVERALL GRADE/CLASSIFICATION: (if applicable)		 •••••			
7.3	PREVIOUS UNIVERSITIES OR SIMILAR INSTITUTE ATTENDED (If outside Zimbabwe, give full address)					
	Name and Address of University attended					

	PERIO	D OF ATTEN	DANCE: Si	arting Year	(e.g. 96)								
	Ending Year (e.g. 99)												
	PROGRAMME OF STUDY												
	MAJOR SUBJECTS AND GRADES												
QUALIFICATION COMPLETED: Yes (Y) No (N)													
	DATE	OF AWARD:	(month and	year)									
	OVER	ALL GRADE/	CLASSIFIC	ATION: (if	applicable).						1	1	•
		ANT INFORM											
DATE FROM		ТО		OCCUPA	ATION	NAM	IE AND	ADDI	RESS C	F EM	PLOYE	ER	
MONTH	YEAR	MONTH	YEAR										
8.2 NAMES AND ADDRESSES OF TWO REFEREES         1.       2.         .       .													
9 PROSPECTIVE SPONSORS (e.g. self, Government or other organization)  ARE YOU A HIT STAFF DEPENDENT? Yes (Y)/No (N)													
ARE YO	ARE YOU A HIT STAFF MEMBER? Yes (Y)/No (N)												

10.	I DECLARE THAT THE INFORMATION I	HAVE GIVEN IS CORRECT	, AND THAT SHOULD IT	BE FOUND TO BE
	FALSE MY APPLICATION WILL BE DIS	QUALIFIED AND I WILL FA	CE POSSIBLE LEGAL AC	TION.

N.B: BEFORE YOU SIGN AND DATE THIS FORM, PLEASE CHECK THAT YOU HAVE COMPLETED EACH RELEVANT SECTION AND THAT THE INFORMATION IS CORRECT.

SIGNATURE OF APPLICANT:	DATE:
SIGNATURE OF ALL EXCHANTS	Dille.

The completed form should be accompanied with certified copies of the following:

- (a) Relevant academic and professional certificates
- **(b)** Degree Transcript(s)
- (c) National Identity Card or page/s with personal details of candidate's passport
- (d) Birth Certificate
- (e) Bank Deposit Slip