

**HARARE INSTITUTE OF TECHNOLOGY  
POSTGRADUATE ADMISSION APPLICATION FORM**

**2021 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 EQUIVALENT TO US\$20.00 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 NOSTRO ACCOUNT NUMBER: 03320583120047, SWIFT CODE: COBZZWHA, HARARE SAPPHIRE BRANCH; STANBIC NOSTRO 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**

**SECTION 1 1. PERSONAL DATA**

1.1 SURNAME:														
1.2 TITLE: e.g Mr/Mrs/Miss/Dr/Ms/Rev/Sr														
1.3 FORENAMES: (As on birth certificate)														
1.4 PREVIOUS SURNAME:														
1.5 MARITAL STATUS: e.g. Married (M) Single (S) Divorced (D) Widowed (W)														
1.6 SEX: Male (M), Female (F)														
1.7 NATIONALITY: .....														
1.8 CITIZENSHIP: .....														
1.9 ARE YOU A PERMANENT RESIDENT OF ZIMBABWE? Yes (Y), No (N)														
IF NOT: What permit do you hold? .....														
PERIOD OF RESIDENCE IN ZIMBABWE: .....														
1.10 DATE OF BIRTH: e.g. Day (15) Month (04) Year (08)														
1.11 PLACE OF BIRTH: .....														
1.12 DO YOU SUFFER FROM ANY PHYSICAL OR OTHER DISABILITIES FOR WHICH SPECIAL ARRANGEMENTS AT INSTITUTE WOULD BE NECESSARY? YES (Y), NO (N)														
IF YES PLEASE GIVE DETAILS .....														
1.13 NATIONAL I.D NO.: ..... PASSPORT NO.: .....														
1.14 WOULD YOU REQUIRE ACCOMMODATION AT THE INSTITUTE? Yes (Y), No (N)	<input type="checkbox"/>													

**1.15 ADRESSE ( PERMANENT)**


**1.16 TELEPHONE NUMBERS**

Cell Phone: ..... Home: .....  
 E-Mail: ..... Office or other contact number: .....

**1.17 NEXT OF KIN**

Name:..... Surname: .....  
 E-Mail:..... Contact mobile number: .....

N.B: All correspondence will be forwarded to the above address.

**SECTION 2**

**FOR OFFICIAL USE ONLY**

**CERTIFICATES RECEIVED/VERIFIED**

Birth	<input type="checkbox"/>	Receipt	<input type="checkbox"/>
Marriage	<input type="checkbox"/>	Acknowledge	<input type="checkbox"/>
ND	<input type="checkbox"/>	Prev	<input type="checkbox"/>
HND	<input type="checkbox"/>	Ref Asked	<input type="checkbox"/>
'O' Level	<input type="checkbox"/>	School	<input type="checkbox"/>
'A' Level	<input type="checkbox"/>	College	<input type="checkbox"/>
School	<input type="checkbox"/>	Other	<input type="checkbox"/>
University	<input type="checkbox"/>		
App No.	<input type="checkbox"/>	Refs Received	<input type="checkbox"/>
Normal	<input type="checkbox"/>	School	<input type="checkbox"/>
Special	<input type="checkbox"/>	College	<input type="checkbox"/>
Mature	<input type="checkbox"/>	Other	<input type="checkbox"/>
Repeat	<input type="checkbox"/>	Coded	<input type="checkbox"/>
		Letter (R, NQ)	<input type="checkbox"/>
		P/A	<input type="checkbox"/>

  

Registration Documents: Issued	<input type="checkbox"/>
Date	<input type="checkbox"/>

**SECTION 3**

**3. Notes to all applicants**

- 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.
- 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.

3.13 **The decision of the Admissions Committee is final.**

**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 relevant box below.

	Normal Entry
	Special Entry through other non-Zimbabwean Qualifications

**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:**

<b>PROGRAMME</b>	<b>ENTRY REQUIREMENTS</b>	<b>DURATION OF STUDY</b>
<b>SCHOOL OF BUSINESS AND MANAGEMENT SCIENCES</b>		
Master of Technology Degree in Strategy and Innovation ( <b>BMSI</b> )	An undergraduate degree in the field of Business and Management such as Economics, Accounting, Finance, and Marketing. <b>OR</b> Any undergraduate degree in the Science, Technology, Engineering and Mathematics field with at least 2 years working experience at managerial level.	2 years Block Release
<b>SCHOOL OF ENGINEERING AND TECHNOLOGY (ET)</b>		
Master of Technology (MTech) Degree in Machine Design ( <b>EMMD</b> )	Applicants must be holders of a relevant Honours Degree from a recognized Institution. Relevant fields include but are not limited to Industrial and Manufacturing Engineering, Production Engineering, Mechanical Engineering Mechatronics Engineering.	3 years Block Release
<b>SCHOOL OF ALLIED HEALTH SCIENCES (AHS)</b>		
Post Graduate Diploma in Medical Dosimetry ( <b>SDMD</b> )	Diploma in Radiography or equivalent plus two years relevant post qualification experience. <b>OR</b> Bachelor of Science Honours Degree in Therapeutic Radiography	2 years Part-time
Post Graduate Diploma in Medical Ultrasound ( <b>SDMU</b> )	Diploma in Radiography or equivalent plus two years relevant post qualification experience. <b>OR</b> Bachelor of Science/ Bachelor of Technology Honours Degree in Radiography	2 years Full-time
<b>SCHOOL OF INFORMATION SCIENCE AND TECHNOLOGY (IST)</b>		
Master of Technology (MTech) Degree in Cloud Computing ( <b>IMCC</b> )	Applicants must be holders of a relevant Honours Degree from a recognized Institution. Relevant fields include but are not limited to Computer Science, Computer Science and Engineering, Software Engineering, Information Technology, Information Systems and Information Security & Assurance.	3 years Block Release
Master of Technology (MTech) Degree in Computer Science ( <b>IMCS</b> )	Applicants must be holders of a relevant Honours Degree from a recognized Institution. Relevant fields include but are not limited to Computer Science and Computer Science & Engineering.	3 years Block Release
Master of Technology (MTech) Degree in Information Technology ( <b>IMIT</b> )	Applicants must be holders of a relevant Honours Degree from a recognized Institution. Relevant fields include but are not limited to Information Technology, Information System, Computer Science, Information Security & Assurance and Software Engineering.	3 years Block Release
Master of Technology (MTech) Degree in Software Engineering ( <b>IMSE</b> )	Applicants must be holders of a relevant Honours Degree from a recognized Institution. Relevant fields include but are not limited to Software Engineering, Software Technology, Computer Science and Computer Science & Engineering.	3 years Block Release

4.3 **PREFERRED MODE OF STUDY:**

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

Full-time

Part-time

Block Release

4.4 **SCHOOL AND DEGREE PROGRAMME CHOICES**

Refer to preceding table, then complete the following sections.

N.B: Use the abbreviations shown to indicate the School and Degree programme preferred.

PREFERENCES	DEGREE PROGRAMME	SCHOOL
1		
2		

5. **SCHOOL EXAMINATIONS FOR WHICH RESULTS ARE KNOWN**

(Indicate 'O' Level Mathematics and English only, then all 'A' Level Subject)

DATE	EXAMINING BODY	LEVEL	SUBJECTS	RESULTS/GRADE

6. **DIPLOMAS OR OTHER QUALIFICATIONS HELD**

DATE	INSTITUTE	LEVEL	PROGRAMME	RESULTS/GRADE

**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)

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Ending Year (e.g. 10)

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PROGRAMME OF STUDY: (e.g./B. Tech, M. Tech) .....

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MAJOR SUBJECTS AND GRADES: .....

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QUALIFICATION COMPLETED: Yes (Y) No (N)

DATE OF AWARD (e.g. Month (06) Year (00))

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OVERALL GRADE/CLASSIFICATION (if applicable).....

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**7.2 PREVIOUS UNIVERSITIES OR SIMILAR INSTITUTE ATTENDED**

(If outside Zimbabwe, give full address)

Name and Address of University attended

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PERIOD OF ATTENDANCE: Starting Year (e.g. 96)

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Ending Year (e.g. 99)

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PROGRAMME OF STUDY.....

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MAJOR SUBJECTS AND GRADES.....

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QUALIFICATION COMPLETED: Yes (Y) No (N)

DATE OF AWARD: (month and year)

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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

.....  
 .....

PERIOD OF ATTENDANCE: Starting Year (e.g. 96)  
Ending Year (e.g. 99)


PROGRAMME OF STUDY.....

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MAJOR SUBJECTS AND GRADES.....

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QUALIFICATION COMPLETED: Yes (Y) No (N)

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DATE OF AWARD: (month and year)

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OVERALL GRADE/CLASSIFICATION: (if applicable).....

**8 FURTHER RELEVANT INFORMATION/REMARKS**

**8.1 WORK EXPERIENCE/EMPLOYMENT**

DATE				OCCUPATION	NAME AND ADDRESS OF EMPLOYER
FROM		TO			
MONTH	YEAR	MONTH	YEAR		

**8.2 NAMES AND ADDRESSES OF TWO REFEREES**

1. ....  
.....  
.....  
.....
2. ....  
.....  
.....  
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**9 PROSPECTIVE SPONSORS**

(e.g. self, Government or other organization)

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ARE YOU A HIT STAFF DEPENDENT? Yes (Y)/No (N)

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ARE YOU A HIT STAFF MEMBER? Yes (Y)/No (N)

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**10. I DECLARE THAT THE INFORMATION I HAVE GIVEN IS CORRECT, AND THAT SHOULD IT BE FOUND TO BE FALSE MY APPLICATION WILL BE DISQUALIFIED AND I WILL FACE POSSIBLE LEGAL ACTION.**

**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:** .....

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 first two pages of a candidate's passport
- (d)** Birth Certificate
- (e)** Bank Deposit Slip