



UNIVERSITY OF BOTSWANA

Office of International Programs

# APPLICATION: VISITING/EXCHANGE UNDERGRADUATE STUDENT



This application form is for use by persons who are not enrolled in a degree programme at UB. The applicant must present evidence that he/she meets admissions requirements for undergraduate study at the University of Botswana. See section 10.21a in the UB Calendar. Most preferable are either a university transcript or a letter of reference from a university advisor.A. To be completed by the applicant:

Name: \_\_\_\_\_  
Surname First name Middle initial

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Nationality: \_\_\_\_\_

Telephone: \_\_\_\_\_ (h) \_\_\_\_\_ (w) Cellphone: \_\_\_\_\_

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

Previously enrolled at UB: Yes  No  If "yes" state when: \_\_\_\_\_

University where studying and degree sought: \_\_\_\_\_

### I am applying to register for:

Academic Year \_\_\_\_\_ Semester beginning in \_\_\_\_\_ August \_\_\_\_\_ January

Code	Credits	Course Information Title	Choose one:	
			Audit	Credit

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

**B. TO BE COMPLETED BY THE DIRECTOR OF INTERNATIONAL EDUCATION AND PARTNERSHIPS:**

This applicant meets minimum requirements for admission as a University of Botswana undergraduate. Therefore, he/she is eligible to register as a non-degree student enrolled in a class (or classes) for credit or audit. .

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This applicant should be charged tuition as a  Citizen/Resident  Non-Resident

The tuition fee is applicable for student in the Faculty of:

Business  Education  Engineering  Humanities

Health Sciences  Science  Social Science

**C. DEPUTY DEAN APPROVAL FOR COURSES SELECTED BY THE APPLICANT:**

1. This applicant is  approved  not approved to register for Course Number \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. This applicant is  approved  not approved to register for Course Number \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. This applicant is  approved  not approved to register for Course Number \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. This applicant is  approved  not approved to register for Course Number \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of deponent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Recording Officer

\_\_\_\_\_  
Date