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. Applicants must produce a university transcript and a letter of reference from a university advisor.

Name:_____
               Surname   First name   Middle initial

Address: _____

_____

Date of Birth: _____ Age:_____ Gender:_____ Nationality: _____

Passport No: _____ Medical Insurance: _____

Telephone: _____ (h) _____ (w) Cellphone: _____

E-mail:_____ Parents telephone: _____

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

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: _____