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UNIVERSITY OF CANBERRA* â\200\2305â\200\234 \5â\200\234\â\200\230â\200\234â\200\2305â\200
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P O. BOX1, BELCONNEN, A. C. T. 2616 TELEPHONE( (06) 252 2111
W w STUDENTS ONLY
HAVE YOUSIUDIED ATORâ\200\224
APPLIED TO THE UNIVERSITY BEF6RE? @
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Family Name or Surname
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Contact _ "W
Which is your country
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Courses with specialisations (See attached sheet)
'The Unlvevshy 01 Canberra is a member of the Uniï¬\201ed Naxional System and is sponsore
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SECONDARY EDUCATION highest level achieved ')
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POST SECONDARY EDUCATION â\200\224 details of all courses undertaken since leaving school
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DOCUMENTARY EVIDENCE
- Graduate courses. Applicants seeking admission to a graduate course must attach a certi
fied copy of a transcript of academic record
or documentary_evidence of tertiaryjnstitution results as proof of qualification. Applica
nts expecting to complete a course at the end of
this semesterâ\200\230musl provide the latest available transcript. A certified copy of a
n award should be submitted with your application or as
soon as possibterif conferral has not yet taken place. .
- --Undergraduateeourses. Applicants-foreadmission to an undergraduate course must provid
e documentary evidence of highest 7
education level reached,
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NOTE: All applicants, must provide certified English translations of qualii-\201cations,
where original documents are in a language other than Erttgtish.
ENGLISH LANGUAGE REQUIREMENT
All applicants must attach evidence of proficiency in English e.g. Test of English as a F
oreign Language (TOEFL) with a minimum score (\hat{a}\200\230
SSQJnternationalEnglish Languagelestingi¬\201yatem (IELTS) with a mjgimum score of 6.0 or
 another test as Alisted in the Guide for
Overseas Students. '
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Have you provided evidence of completion of one of the above tests? YES [:1 NO
OUTLINE OF RE_LEVANT WORK EXPERIENCE - You may attach a separate sheet giving additional
details of your work experience
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YEARS â\200\230 7 NAME OF EMPLOYER TYPE OF WORK
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DECLARATION
tdeclare that thetntormation I have supptted on this form is, to the best of my understand
ing and belief. complete and correct. I understand that
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ncellation of enrolment.. \mid also understand that the_,_,
College may obtain official records from any education institution previously attended by
me. I accept liability for payment of all fees as
specified.
The Director - Overseas Programmes Unit.
University of Canberra,
PO. Box 1.
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Belconnen, ACT, 2616. Australia.

Telephone: $(61\ 6)\ 232\ 2163/201\ 5110\ Fax:$ $(61\ 6)\ 201\ 5040\ Telex\ 62267\ UNICAN\ AA$ Furthe Information can be obtained by writing to:

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PEOPLEâ\200\231S COLLEGE
Tutors to the Nation
A LEVEL
Subjects offered: Accounts, Economics, English Language, Maths (PurelMechanics/Statisi¬
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SESSIONS: DAYINIGHT {4 lessons per week per subied)
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ORDINARY LEVEL-CAMBRIDGE
Subieds offered: English Language, Mathematics, Accounts, Economics, History, Geography,
Core Science, Bible Knowledge, Combined Scince, Human and Social Biology,
Shona, Commerce.
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SxX SUBJECTS 5 74,00
Fee per month for
An enrolment fee of 310,00 per course is to be paid at the time of admission and it is no
n refundable,
Issued by: THE MANAGEMENT OF PEOPLE'S COLLEGE (PVT.) 1TD.
, HEAD OFFICE: 55 REZENDE STREET, HARARE
9.0. BOX 401, HARARE
TELEPHONE 793024
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9.0. BOX 401, HARARE
TELEPHONE 702323
BRANCH: 22 ROBERT MUGABE ROAD, HARARE
Registered with Ibo Ministry of Education of Zimbabwe
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<pre>i¬\201â\200\224 . â\200\224â\200\224_1 DAYIEVENING/WEEKEND PEOPLE'S COLLEGE</pre>
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I also promise to pay tuition fee regularly Ii" the course is completed. The enrolment kc of BRANCH: 22 ROBERT MUGABE ROAD
310,00 is no! refundable. HARARE
SIGNATURE OF STUDENTIGUARDIAN
cum: rm. 13237 uIJâ\200\230
DATE

I PERSONAL DATA NAME: POSTAL ADDRESS: PERMANENT ADDRESS: PUâ\200\230LE CF EIRTP. CITIZENSHIP: MARITAL STATUS: PRESENT EMPLOYER: POSITION HELD: CURRICULUM VITAE IKGOPOLENG MOSES MOLEBATSI PRIVATE BAG 00280 **GABORONE** OTSWANA SOUTHERN AFRICA â\200\230RJQMNLâ\200\231 No. 3141â\200\22431 (.mii¬\202g 2555 MASHAO DRIVE DOBSONVILLE 1865 SOUTH AFRICA 5 MAY 1961 DOBSONVILLE, SOUTH AFRICA SOUTH AFRICAN MABR)EB UNIFIED TEACH SERVICE TEACHER Il EDUCAEICNAL QUALIFICATIONS PRIMARI EDUCATION, â\200\230 YEA? ATTENDED JAN 1969â\200\224DEC 1977 DR MARY MALNHLELE SCHOOL JUNIOR SECONDARY EDUCATION YEAR ATTENDED JAN 1979â\200\224DEC 1983 SCHOOL GEORGE KHOZA EENIOR SECONDARY EDUCATION YEAR ATTENDED JAN 1984-DEC 1985 SCHOOL MATER SPEI COLLEGE UNIVERSITY EDUCATION YEAR ATTENDED AUG 1986â\200\224MAY 1990' ABC 1990â\200\224MAY 1991 INSTITUTION THE UNIVERSITY OF BOTSWANA THE UNIVERSITY OF BOTSWANA CERTIFICATE PRIMARY CERTIFICATE CERTIFICATE JUNIOR CERTIFICATE CERTIFICATE COSC CERT/DIP/DEGREE B.A IN ENGLISH

AND THEOLOGY POST GRADUATE

DIPLOMA IN EDUCATION

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Postgraduate Office
Faculty of Education and Community Studies
The University
Bulmershe Court
Reading RG6 1HY
Telephone: Reading (0734) 318816
Telex: RULIBG 847813
Fax: Reading (0734) 352080
Julia Boorman, BA PhD Sub-Dean
N G Trethewy, BA PGCE Assistant Registrar
Ref: JHBIJHH
Admission No: E4757 27 January 1992
Dear Mr Molebatsi,
MA in OPM in Education
I am pleased to be able to offer you a place on the above postgraduate course
in accordance with the terms and conditions given in the attached Offer of
Admission. Please read the Offer. the information given in the blue leaflet
entitled "Notes for New Postgraduate and Post-Experience Students \hat{a} \geq 00 \leq 35. or the
booklet "Guide for New Postgraduates from Overseas". and any other booklets
or leaflets enclosed. You should complete the green Accommodation Form and
return it to me as soon as possible, even if you intend to arrange your own
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_ At this stage. we only need to know whether you wish to accept or not; it is
not necessary for you to satisfy the conditions of entry within this period.
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Subâ\200\224Dean
Please reply to: The Subâ\200\224Dean. Faculty of Education and Community Studies
Postgraduate Office. The University. Bulmershe Court.
READING R66 1HY
Please tick [Jl-whichever of A or B apphâ\200\230es '
[ ] A) ,'I wish to accept the offer of a place on e postgraduate course at
 ' the University of Reading
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[] B) I do not wish to accept the offer'of a place

Date '

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AFRICAN NATIONAL CONGRESS MISSION TO BOTSWANA
P.O. Box 40159
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GABORONE
Tel.....