Application Form



SECTION A APPLICANT'S PERSONAL DETAILS	
Title Gender	
First Name	
Other Names	
Surname	
Country of Citizenship	Passport/ID (Omang) Number
Marital Status	Date of Birth
Postal Address	
Telephone Number	Cell Number
Email Address	
SECTION B PARENT'S DETAILS	
First Name	
Surname	
Relationship.	
Qualification	Year Obtained
Telephone Number	Cell Number
SECTION C NEXT OF KIN	
First Name	
Surname	
Relationship.	
Telephone Number	Cell Number
SECTION D GENERAL INFORMATION	
Have you studied with Botswana Accountancy College before?	
Yes No	
If yes, state the programmes and last date of attendance	
If you did not complete the programme, state reason(s)	
Have you ever been sponsored by the Department of Tertiary Education Financing before?	
Yes No	

SECTION E DISABILITY DETAILS
Do you have any disability? Yes No
If yes please state the nature of your disability
SECTION F PROGRAMMES OF STUDY (Undergraduate Programmes)
(Please select three programmes of study in order of preference)
1
2
3
SECTION G PROGRAMMES OF STUDY (Finance and Professional Programmes)
(Please select three programmes of study in order of preference)
1
2
3.
NB: For CIMA, ACCA, BICA, please indicate programme and papers/modules as indicated in the attachments
For professional courses please enter your professional Body Registration number on the space below
Please indicate your preferred campus and mode of study on the table below (Note that campus placement for full time programs is at the sole discretion of the college) CAMPUS: Francistown
SECTION H FINANCIAL SUPPORT
Name of Sponsor
Make sure that you have enclosed the following items where applicable: 1. Certified copies of Certificates and or Statement of results 2. Certified copy of National Identification document (Omang) if a citizen of Botswana 3. Certified Copies of Passport (For International Students) 4. Copy of proof of change of surname (if applicable)
SECTION I DECLARATION BY APPLICANT
I declare that all the information is true and correct to the best of my knowledge and belief. I am aware that Botswna Accountancy College (BAC) reserves the right to reject my application or withdraw and cancel any offer of admission should all or part of the above information be found to be untrue and or incorrect, or if an offer was erroneously made. I agree that if I am accepted at BAC, I shall be under the disciplinary control of the BAC authorities and I undertake to acquaint myself with, and to conform to the rules and regulations of the College. I also declare that I have read instructions and information leaflet that was attached to this form.
Signature Date
FOR OFFICIAL USE ONLY
Acknowledgement Receipt No
Name of Recipient
Date Received Signature of Recipient