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**UG PAN-AFRICAN DOCTORAL ACADEMY**

**REGISTRATION FORM: JULY 2015 Doctoral School**

***(PS: Places for each Module will be offered strictly on a First Come-First Served Basis)***

**A. PERSONAL DETAILS**

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| **TITLE:** | **SURNAME:** | |
| **OTHER NAME(S):** | | |
| **DEPARTMENT/SCHOOL IN WHICH YOU ARE REGISTERED:** | | |
| **UNIVERSITY WHERE REGISTERED:** | | |
| **STUDENT ID NUMBER:** | | **YEAR OF PROGRAMME :** |

**B. CONTACT INFORMATION**

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| **PRIMARY MOBILE PHONE NO:** | **ALTERNATIVE MOBILE PHONE NO(S):** |
| **PRIMARY EMAIL** | **ALTERNATIVE EMAIL ADDRESS** |

**C. MODULE SELECTION**

|  |  |
| --- | --- |
| **HAVE YOU ATTENDED ANY DOCTORAL SCHOOLS?**  **YES/NO** | **IF YES, INDICATE WHERE AND LIST THE COURSES TAKEN:** |
| **PLEASE SELECT MODULES FOR JULY SCHOOLS IN ORDER OF PREFERENCE** | |
| **1.** | |
| **2.** | |
| **3.** | |

**D. SPONSORSHIP (Non UG Participants)**

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1. **I intend to sponsor my participation from my own/institutional resources**

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1. **I wish to apply for sponsorship from UG-PADA: Tuition Subsistence**

**E. CONFIRMATION**

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| **PLEASE SIGN BELOW TO CONFIRM YOUR FULL PARTICIPATION** | |
| **APPLICANT’S SIGNATURE:** | **DATE:** |
| **I certify that …………………………………………………………………………………………………….……is a PhD student under my supervision/in my Department and that if given a place s/he will attend the full course.**  **SUPERVISOR/HOD’S SIGNATURE:** | **DATE:** |