



# GABORONE COMMERCIAL COLLEGE OF HIGHER STUDIES

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## APPLICATION FORM

Surname: _____	Other Names: _____	
Date of Birth : _____	Village / Town of Birth: _____	Email: _____
Residential Address: _____		
Postal Address: _____		
Tel: _____	Cell: _____	Email: _____
District : _____	Gender _____	(Male /Female)
Nationality: _____ Omang / Passport No: _____		
Next of Kin : _____	Contact Details : _____	

### EMPLOYER / SPONSOR DETAILS

Name: _____
Address : _____

### COURSE DETAILS

Course Enrolled for : _____	Day /Evening/Distance
Course duration : _____	

### FEE DETAILS

Deposit: _____	Date : _____	Receipt No.: _____
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### DECLARATION / ACKNOWLEDGEMENT BY STUDENT:

1. I shall attend lessons as per arrangement with the school and I shall sit for my examinations on completion of study period or when ready, and any extra lessons attended after the elapse of the agreed duration shall be payable to the school.
2. Failure to attend lessons shall lead to delays in sitting for examinations for which the school shall not be held liable.
3. ALL EXTERNAL EXAMINATION FEES ARE PAID SEPARATELY AND THE AMOUNT MAY VARY FROM TIME TO TIME DUE TO FLUCTUATIONS IN EXCHANGE OF RATES. (*More details will be provided upon enrolment.*)
4. I shall pay my course fees in advance on or before the 30<sup>th</sup> of every month; failure to do so will result in a penalty / late fee of P10.00 per day.
5. Fees already paid shall NOT BE REFUNDED unless the School decides to cancel the course/ programme.
6. I shall be obliged to complete the course/ programme in the stipulated period. Withdrawal from the course shall not in any way exempt me from paying any outstanding balance for the course I enrolled for. By this I understand that I shall be bound to pay the entire fees regardless of whether I, as an afterthought or otherwise, decide to withdraw from the course.
7. I shall ask for the receipt for any payment made by me, and I am aware that the management will not be responsible for any payment without the receipt.
8. I HAVE READ AND UNDERSTOOD THE ABOVE TERMS, AND I HEREBY AGREE TO ABIDE BY THEM.

\_\_\_\_\_  
Signature of student or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date of Admission