



**EMBASSY OF BOTSWANA DATA INFORMATION**

Complete and return the form to the attention of the Education Attaché

**Title:** Mr.  Mrs.  Miss  Dr.  other

**Name:** \_\_\_\_\_  
Surname First Name Middle Name  
Female  Male

**Date of Birth:** \_\_\_\_\_  
Month Day Year

**Passport Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Arrival date in USA/Canada/West Indies** \_\_\_\_\_

**National Identity Number/Omang:** \_\_\_\_\_

**Permanent Address in Botswana:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tel:** \_\_\_\_\_

**Contact Person in Botswana / Next of Kin:** \_\_\_\_\_

**Relation:** \_\_\_\_\_

**Address:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tel:** \_\_\_\_\_

**Sponsor:** DSPW, LGSM, MOH, DPSM, DVET, MOA, Computer Bureau, other  
(Circle as appropriate)

**Current Residential Address:**

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel. \_\_\_\_\_ Fax # \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Student ID NO.** \_\_\_\_\_

**Please note: Every correspondence directed to the Embassy should have your current address, telephone number and e-mail address.**

**Institution Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Program Title:** e.g. Travel & Tourism \_\_\_\_\_

**Degree:** e.g. B.Sc., BA, M.Ed. \_\_\_\_\_

**Training Dates:** start date: \_\_\_\_\_  
anticipated end date: \_\_\_\_\_

**Students' Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**To be filled by the Academic Advisor, for verification purposes**

**Students' Name:** \_\_\_\_\_  
Surname First Name Middle Name

**Program Title:** \_\_\_\_\_

**Expected date of graduation:** \_\_\_\_\_

**Academic Advisor's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**Email:** \_\_\_\_\_

**General Comments: Academic Status Progress**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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***To be filled by the International Student Advisor***

**International Student Advisor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Institution's Stamp and Date