



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:** _____

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:** _____

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