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Receipt No:	•
Date	

# THE UNIVERSITY OF ZAMBIA APPLICATION FOR ADMISSION TO POSTGRADUATE STUDY

## **INSTRUCTIONS**

A copy of this form should be completed and submitted to the Director, Directorate of Research and Graduate Studies, University of Zambia. P.O. Box 32379, Lusaka, together with copies of certificates, transcripts of results and other documents relevant to your application stated below and the appropriate fee of K150.00 for Zambians and \$60 Dollars for non-Zambians. Please note that personal cheques and postal orders are not accepted.

#### SECTION A PERSONAL DATA

l <b>.</b>	Prof/Dr/Mr./Mrs/Miss			
	SURNAME (Last Name)			
2.	Other names First Name/Middle Names			
3.	Postal Address.			
1.	E-mail address			
5.	Phone Number (Business) Fax Res.Tel: No.			
5.	Nationality Sex: Male/Female			
7.	National Registration Card Number/Passport Number			
3.	Place of BirthDate of Birth	•••		
€.	Marital Status:- Single/Married/Divorced/Widowed			
10.	Number of Children			
11.	Country in which you are now living			

12.	Name and address of	Parent, Guardia	in or Next of Kin			
FOR	OFFICIAL USE ONLY	,				
FINA				ACCEPTED/REJECTED		
13.	EDUCATION					
Last S	School Attend					
Qualif	fication Obtained					
Date						
14.	UNIVERSITY EDUC	ATION				
	Firs	t Degree	Second Degree	Third Degree		
Title o	of Degree					
Date of	of Graduation					
Field	of Specialization					
15.	OTHER ACADEMIC	OR PROFESSIO	NAL QUALIFICATIO	ONS		
Institu	ntion	Qualification	I	Date Obtained		
16.	Are you currently stud	lying? Yes		No		
	If Yes, Please specify					
17.	MASTERS DEGREE	APPLIED FOR				
	Title of Degree.					
	Field of Study					
	School/Department:					
	This should be done of	n a separate sheet:	200 words on your pro Not applicable to Dip why you have chosen to			

## SECTION C 18. **EMPLOYMENT** Present Employment..... Employer..... Date of employment. Nature of Employment (give details)..... 19. PREVIOUS EMPLOYMENT (List under the following headings): Date(s) **Employer Nature of Employment** From: To: ..... 20. REFERENCES There should be 3 references, (2) Two academic and (1) One professional and you are to indicate the names and address of each referee in this section and also ensure that references from these people reach the Directorate in good time. Soliciting for references to support your application is your responsibility. Your application is incomplete without supporting references. A person who may comment on your academic qualifications: (i) Name: Name.... Position Held: Position Held: Postal Address: Postal Address. ..... ..... (ii) A person who may comment on your academic qualifications: Name.... Name: Position Held: Position Held: Postal Address: Postal Address.....

.....

(iii) A person who may comment on your professi	onal work:
Name:	
Position Held:	
Postal Address:	
FINANCES	
Name of Sponsor(s)	
SECTION	Е
OTHER INFORMATION	
If you wish to give additional information which has space provided or on a separate sheet and append a cop	
Signature of Applicant	Date

Deposit a non -refundable processing fee of K150 in the account below

BANK NAME - ZANACO BRANCH - ZANACO CAIRO BUSINESS CENTRE

ACCOUNT NAME: UNZA /ZOU ACCOUNT NUMBER: 0382200300379

## **SECTION F**

## FOR OFFICIAL USE ONLY

	Signature of Officer Making entry
Date of receipt of Application	
Date receipt Acknowledged	
Result of Application.	
Receipt No. of Application Fee.	
Date result Communicated	
Documents Received	
Date documents returned (where applicable)	