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**THE UNIVERSITY OF ZAMBIA  
DIRECTORATE OF RESEARCH AND GRADUATE STUDIES  
RESEARCH DEPARTMENT**

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**APPLICATION FOR AFFILIATION TO THE UNIVERSITY OF ZAMBIA**

**NAME/** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Family First Middle

**TITLE:** \_\_\_\_\_

**NATIONALITY:** \_\_\_\_\_

**HIGHEST ACADEMIC DEGREE**

Degree and Year Received: \_\_\_\_\_

Institution: \_\_\_\_\_

**PROPOSED DATE OF AFFILIATION**

From: \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YY MM/DD/YY

**PERMANENT ADDRESS**

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

**CURRENT ADDRESS (VALID FROM) ..... TO:.....**

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

Telephone:.....

Fax:.....

E-mail:.....

**SUMMARY OF RESEARCH INTERESTS**

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*Faculty with whom you wish to consult in the University of Zambia*

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*Working titles for presentation you would be willing to make to centre workshops, seminars, and colloquia during the upcoming year*

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**ADDITIONAL REQUIRED MATERIALS**

- Two letters of recommendation
- Research proposal for the period of your affiliation
- Curriculum vitae listing you academic degrees (with dates), disciplines and any publications
- Recent photograph

**MAIL TO:** The Director  
 Directorate of Research and Graduate Studies  
 University of Zambia  
 P O Box 32379  
 LUSAKA, ZAMBIA

**E-MAIL:** drgs@unza or fklungu@unza.zm