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Issuing Officer.....

Receipt No:.....

Date

**THE UNIVERSITY OF ZAMBIA
APPLICATION FOR ADMISSION TO
POSTGRADUATE STUDY**

INSTRUCTIONS

Two copies 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 for Zambians and \$60 Dollars for non-Zambians.

The checklist for submission of the application form apart from the above is as follows; two (2) application forms, two(2) academic references from two different former lecturers, one(1) professional recommendation from the employer and two (2) passport size photos.

**SECTION A
PERSONAL DATA**

1. **Prof/Dr/Mr./Mrs./Miss**.....
SURNAME (Last Name)
 2. **Other names**.....
First Name/Middle Names
 3. **Postal Address**.....
.....
 4. **E-mail address**.....
 5. **Phone Number (Business)**.....**Fax**.....**Res.Tel: No**.....
 6. **Nationality**.....**Sex: Male/Female**.....
 7. **National Registration Card Number/Passport Number**.....
 8. **Place of Birth**.....**Date of Birth**.....
 9. **Marital Status:- Single/Married/Divorced/Widowed**.....
 10. **Number of Children**.....
-

11. **Country in which you are now living**.....
 12. **Name and address of Parent, Guardian or Next of Kin**.....

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Application No.....School.....
 FINAL COMMENT.....ACCEPTED/REJECTED

SECTION B

13. **EDUCATION**

Last School Attend.....
 Qualification Obtained.....
 Date.....

14. **UNIVERSITY EDUCATION**

First Degree Second Degree Third Degree

Title of Degree.....
 Date of Graduation.....
 Field of Specialization.....

15. **OTHER ACADEMIC OR PROFESSIONAL QUALIFICATIONS**

Institution	Qualification	Date Obtained
.....
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.....

16. Are you currently studying? Yes..... No.....

If Yes, Please specify.....

17. **HIGHER DEGREE APPLIED FOR**

Title of Degree/Diploma.....
 Field of Study.....
 School/Department:.....

Make a brief statement of not more than 200 words on your proposed/study/research.
 This should be done on a separate sheet: Not applicable to Diploma Applicants.
 Also make a brief statement explaining why you have chosen to apply to postgraduate study.

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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.

(i) A person who may comment on your academic qualifications:

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 professional work:
Name:.....

Position Held:.....

Postal Address:.....

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21. FINANCES

Name of Sponsor(s).....

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SECTION E

22. OTHER INFORMATION

If you wish to give additional information which has a bearing upon your application, please do so on the space provided or on a separate sheet and append a copy to each of your application forms.

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Signature of Applicant

.....

Date

SECTION F

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Date of receipt of Application.....

Date receipt Acknowledged.....

Result of Application.....

Receipt No. of Application Fee.....

Date result Communicated.....

Documents Received

Signature of Officer
Making entry

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Date documents returned (where applicable)

Please note that personal cheques and postal orders are not accepted.
Money should be deposited into the following account:

- (a) **BANK NAME; UNZA DIRECTORATE POSTGRADUATE**
ACCOUNT NUMBER: 0100110272200
BANK NAME: STANDARD CHARTERED
BRANCH: MAIN
SWIFT CODE: SCBLZMLX
SORT CODE: 60017

Send the original deposit slip to the undersigned:

The Director
Directorate of Research and Graduate studies
University of Zambia
P.O. Box 32379
Lusaka
ZAMBIA

Tel/ Fax: 260-1-290258
Email drgs@unza.zm