

Application Fee –K150.00 or US \$ 60.00 (non -refundable)
For international applicants

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THE UNIVERSITY OF ZAMBIA

P.O. Box 32379, LUSAKA

TEL: 295220 (DIRECT), 291777

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Date.....

Verified by.....

Date.....

APPLICATION FOR ADMISSION TO FIRST DEGREE OR DIPLOMA PROGRAMMES FOR **2020**
AND **2021** INTAKE. **Please indicate here, the year applying for**

OFFICIAL USE ONLY

CANDIDATE'S APPLICATION NO.

(New Applicant)

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* Former UNZA students, indicate previous computer No.

STUDENT'S COMPUTER NO.

(If for Re-admission)

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1. **SURNAME:** _____ **OTHER NAMES:** _____
2. **NRC** _____ / _____ / _____ **or PASSPORT NO** (for non Zambians) _____
3. **NATIONALITY:** _____ **EXAM NUMBER** _____
4. **SEX** _____ **M-Male** **F -Female**
5. **MARITAL STATUS** _____ **M-married** **U-unmarried**
6. **POSTAL ADDRESS** _____

Provide usable postal addresses which the university can use for posting acceptance letters- unza will not be liable for wrong postal addresses

7. **RESIDENTIAL ADDRESS** _____
8. **PHONE NUMBER** _____ **EMAIL** _____
9. **DATE OF BIRTH** Day Month Year
10. **NAME AND ADDRESS OF PARENTS/GUARDIAN/NEXT OF KIN** (Delete which is not applicable)
_____ **Tel. No.** _____

11. **HIGH SCHOOL ATTENDED & YEAR OF COMPLETION** _____

12. **MODE OF STUDY** enter F-regular E-evening

13. **PROGRAMMES OF CHOICE:** _____ (1st choice)
_____ (2nd choice)
_____ (3rd choice)

Kindly refer to pages 3,4,5 and 6 for guidance on available programmes, abbreviations and admission requirements

14. **MAJOR** eg Geography, Mathematics, Music etc: _____

This is for those applying for B.A.ED and B.Sc.Ed

15. **DO YOU HAVE ANY PHYSICAL OR COMMUNICATION DISABILITIES? (Y/N)**

CIRCLE THE DISABILITY APPLICABLE Vision, Mobility, Speech, Hearing

If none of the above, give details of disability: _____

16. **IF YOU ARE CURRENTLY ENGAGED IN ANY STUDIES, KINDLY INDICATE THE NATURE OF YOUR STUDIES** _____

17. **TO BE FILLED IN BY A MEMBER OF THE UNIVERSITY OF ZAMBIA STAFF, HIS/HER SPOUSE OR CHILD.**

Please tick your category

Child	Spouse	Member of Staff
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SURNAME OF MEMBER OF STAFF: _____

OTHER NAMES: _____ **TITLE:** _____ **MAN NO.**

DEPT/SCHOOL: _____

Please attach the following documents:

- (a) Photocopy of parent's National Registration Card
- (b) The latest University Personal Data form
- (c) Birth Certificate, Adoption Order (if adopted)

ATTACH COPIES OF TRANSCRIPTS OF RESULTS (*Applicants with foreign results should have the results equated to the Zambian standard by Examinations Council of Zambia*)

18. FILL THIS PART IF YOU ARE PRESENTLY EMPLOYED:

(a) Name and address of employer _____

(b) Title of Post held _____ How many years have you held this
Post? _____. Briefly describe your official responsibilities _____

**19 ARE YOU APPLYING FOR RE-ADMISSION TO THE UNVIERSITY AFTER EXCLUSION FROM
YOUR SCHOOL? YES/NO** **Please indicate**

Please note that you should apply in a **different School** from the one you were excluded

20. **INDICATE YOUR COMPUTER NO.** _____

21. **INDICATE YOUR PREVIOUS SCHOOL AND PROGRAMME OF STUDY** _____

22. **INDICATE THE ACADEMIC YEAR IN WHICH YOU WERE EXCLUDED** _____

23. **INDICATE SCHOOL AND PROGRAMME OF STUDY IN WHICH YOU WISH TO BE RE-
ADMITTED**

24. **ARE YOU APPLYING FOR RE-ADMISSION TO THE UNVIERSITY AFTER EXCLUSION FROM
YOUR SCHOOL? YES/NO**

SIGNATURE OF APPLICANT:

DATE

THIS FORM WHEN COMPLETED SHOULD BE SUBMITTED (submit only page 1, 2 and 3)

OFFICIAL USE ONLY

Choice Quota _____ **Points** _____ **Cut-Off Point** _____

Senate Admissions and Quotas Committee's decision- Reject/Accept