



APPLICATION FOR ADMISSION

OFFICIAL USE ONLY RECEIPT No. _____

INSTRUCTIONS

- Please read through the form carefully before filling it in.
- Provide information where appropriate.
- Enclose an academic reference.
- Attach all supporting documents (i.e Grade 12 results, NRC and or qualifications).
- Applications must be sent to the above address.
- Please write in block letters and mark with an "X" where appropriate e.g. [x]

Note: All certificates submitted will be re-verified with the Examination Council of Zambia

PASSPORT
SIZE
PHOTO

UNDERGRADUATE

POSTGRADUATE

PROGRAMME INFORMATION

Programme Applied for:.....

Second Choice:.....

INTAKE: January [] June []

YEAR : 2022 [] 2023 [] 2024 []

MODE OF STUDY: Full-Time []

Part-time []

Distance []

APPLICANT CATERGORY:

School Leaver []

Non-School Leaver []

PERSONAL INFORMATION

**Please fill in your names as they appear on your NRC/Passport*

Surname:.....

Other Names.....

SEX: Male [] Female []

Date of Birth: ____/____/____

Marital Status: Married [] Single []

Nationality:.....

National Registration Card No.(NRC):.....

If Non- Zambian, Passport No:.....

CONTACT DETAILS

**Ensure that the email listed is reliable. All correspondence will be made to the listed email*

Phone Number:..... **Alternative Number:**.....

Email Address:.....

Postal Address:.....

Residential Address:.....

NEXT OF KIN

Full Names:.....

Phone Number:..... **Alternative Number:**.....

Email Address:.....

Postal Address:.....

Residential Address:.....

ACADEMIC BACKGROUND

(Attach certified copies of Transcripts and certificates)

Previous Educational Institution Attended (Secondary & University/ College)	From	To	Qualification Obtained
1			
2			

ARE YOU EMPLOYED? **YES** [] **NO** []

Details of employment (Attach CV)

Employer:.....

Period:.....

Position held:.....

Nature of Responsibility:.....

PERSONAL BRIEF

In what ways do you feel the programme of study will affect your personal and career development?

.....

Do you have any permanent injury, illness or disability which may affect your ability to study?

Yes [] **No** []. If yes, please describe the nature of your injury, illness or disability.

.....

<p>APPLICATION FORM CHECKLIST FOR APPLICANTS [<input checked="" type="checkbox"/>]</p> <p>1. High School Certificate/Statement of results [<input type="checkbox"/>] 2. National Registration Card/Passport/Drivers License [<input type="checkbox"/>] 3. Attach two (2) Passport Sized Photo [<input type="checkbox"/>] 4. Application form completely filled out accurately [<input type="checkbox"/>] 5. Payment for application form attached (Deposit Slip) [<input type="checkbox"/>]</p> <p>Postgraduate applicants must also attach the following:</p> <p>6. Degree Certificate/Professional Qualification (e.g Full ACCA/CIMA/ZICA)/Statement of results 7. Two Reference Letters (One Academic & One Professional) 8. Curriculum Vitae</p>	<p>EXEMPTION REQUEST</p> <p>YES [<input type="checkbox"/>] NO [<input type="checkbox"/>]</p> <p>If yes, kindly refer to the exemptions request form on page 3</p>
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Note: Applicants should ensure that this form is complete and all the required attachments at submitted. Incomplete application forms will not be processed.

DECLARATION

I certify that the information given in this application and supporting documents is accurate and complete. I understand that the **University Of Lusaka** reserves the right to reverse any offer of admission made on the basis of inaccurate information.

Signature_____

Date_____



EXEMPTIONS REQUEST FORM

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STUDENT INFORMATION

**Please fill in your names as they appear on your NRC/Passport*

Surname:.....

Programme:.....

Student Number:.....

TRANSCRIPT/STATEMENT OF RESULTS ATTACHED: YES [] NO []

CONTACT DETAILS

Phone Number:..... Alternative Number:.....

Email Address:.....

Postal Address:.....

OFFICIAL USE ONLY

COURSES EXEMPTED

RECEIVED BY: _____

PROCESSED BY: _____

APPROVED: _____

COMMENT: _____

DATE: _____

DATE: _____