

### **ADMISSIONS OFFICE**

P.O. Box 36711, Lusaka, Zambia.

**Phone:** +260211269942 | **Cell:** +260 976 075 850/+260 953688533 Email: **admissions@unilus.ac.zm** Website: **www.unilus.ac.zm** 

# APPLICATION FOR ADMISSION

OFFICIAL USE ONLY RECEIPT No.

#### **INSTRUCTIONS**

- Please read through the form carefully before filling it in.
- Ensure that the email you povide is reliable. All correspondence will be made to the listed email
- Application form costs are K200 for Undergraduates (Local & SADC), K250 for Postgraduates (Local & SADC), and \$50 for international students (Out side SADC)
- Provide information where appropriate.
- Attach all supporting documents (i.e Grade 12 results, NRC and all qualifications).
- All certificates submitted will be re-verified with the Examination Council of Zambia
- Completed Applications must be scanned and emailed to admissions@unilus.ac.zm.
- Please write in block letters and mark with an "X" where appropriate e.g. [x]

NOTE: GRADE 12 RESULTS, NRC AND CERTIFICATES SHOULD ALL BE CERTIFIED COPIES

PASSPORT SIZE PHOTO

UNDERGRADUATE	POSTGRADUATE
	PROGRAMME INFORMATION
INTAKE: January [ ] June [ ]	
MODE OF STUDY: Full-Time [ ]	Part-time [ ] Distance [ ]
APPLICANT CATERGORY:	School Leaver [ ] Non-School Leaver [ ]
	PERSONAL INFORMATION
	ill in your names as they appear on your NRC/Passport
	Birth:/ Marital Status: Married [ ] Single [ ]
•	3C):
If Non- Zambian, Passport No:	
*Ensure_that the email	CONTACT DETAILS  I listed is reliable. All correspondence will be made to the listed email
Residential Address:	
Ticolderida Address	NEXT OF KIN
Full Names:	
	Alternative Number:
Email Address:	
Postal Address:	

Residential Address:

# **ACADEMIC BACKGROUND**

(Attach certified copies of Transcripts and certificates)

	vious Educational Institution Attended condary & University/ College)	From	То	Qualification Obtained
1				
2				
ARE	YOU EMPLOYED? YES[]NO[]	Details	of employm	nent (Attach CV)
Empl	oyer:			
Perio	d:			
Posit	on held:			
Natur	e of Responsibility:			
PERS	SONAL BRIEF			
	opment?			
	LICATION FORM CHECKLIST FOR APPLICANT	S [x]		EXEMPTION REQUEST
2. Na 3. Att	gh School Certificate/Statement of results tional Registration Card/Passport/Drivers License ach two (2) Passport Sized Photo			YES[]NO[]
	plication form completely filled out accurately yment for application form attached (Deposit Slip	<b>)</b> [ ]		If yes, kindly refer to the exemptions
6. De 7. Two	graduate applicants must also attach the follow gree Certificate/Professional Qualification (e.g Full ACC o Reference Letters (One Academic & One Professional riculum Vitae	CA/CIMA/ZIC	A)/Statement o	request form on page 3
Incom	Applicants should ensure that this form is complet plete application forms will not be processed. To formail or phone lines.		•	
	DECLA	RATION		
unders	y that the information given in this application and stand that the <b>University Of Lusaka</b> reserves the curate information.	supporting		

Signature\_\_\_\_\_



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## **EXEMPTIONS REQUEST FORM**

OFFCIAL USE ONLY RECEIPT No.\_\_\_\_\_

## **INSTRUCTIONS**

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- Provide information where appropriate.

<ul> <li>Please write in block letters and mark with an "X" where appropriate e.g. [x]</li> <li>Note: All certificates submitted will be re-verified with the Examination Council of Zambia</li> </ul>					
STUDENT INFORMATION	N				
*Please fill in your names as the	appear on your NRC/Passport				
Surname:	Other names				
Programme:					
Student Number:					
TRANSCRIPT/STATEMENT OF	ESULTS ATTACHED: YES [ ] NO [ ]				
CONTACT DETAILS					
Phone Number:	Alternative Number:				
Email Address:					
Postal Address:					
	OFFICIAL USE ONLY				
COURSES EXEMPTED					
RECEIVED BY:	PROCESSED BY:				
APPROVED:					
DATE:	DATE:				



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# **UNIVERSITY OF LUSAKA - BANK DETAILS**

Bank: Indo Zambia Bank

Branch: Lusaka Main

Acc Name: University of Lusaka

Acc Number: 0012030001876

Sort Code: 0900001

Swift Code: INZAZMLX

Bank: Access Bank Zambia

Branch: Cairo Road

Acc Name: University of Lusaka

Acc Number: 0010221013161

Swift Code: AZAMZMLU