

APPLICATION FORM FOR ADMISSION TO DEGREE PROGRAMMES
Please complete all parts in block letters

PART A

Tick the appropriate box:

Part time

Full-time

Distance

1. Study programme	<input type="text"/>		
2. Sponsor	<input type="text"/>		
3. Surname	<input type="text"/>	Date of birth	<input type="text"/>
4. Other names	<input type="text"/>	Place of birth	<input type="text"/>
5. NRC number	<input type="text"/>	Gender	<input type="checkbox"/> (M-Male F-Female)
6. Nationality	<input type="text"/>	Marital Status	<input type="checkbox"/> (M-Married S-Single)
7. Postal address	<input type="text"/>		
	<input type="text"/>		
8. Residential address	<input type="text"/>		
	<input type="text"/>		
9. Telephone	<input type="text"/>		
10. Fax	<input type="text"/>		
11. E-mail	<input type="text"/>		

12. Name, address and contact details of next of kin:

<input type="text"/>
<input type="text"/>

13. Do you have any injury, illness, disability or special needs which may affect your ability to study;

Yes No (tick the appropriate box)

If yes, please specify your condition

<input type="text"/>
<input type="text"/>

14. Students on full time programmes wishing to be considered for accommodation should make written applications upon receipt of the acceptance letter. Please note that, these applications will only be considered on first come first serve basis.

PART B

15. EDUCATION/PROFESSIONAL QUALIFICATIONS:

Please attach copies of certificate(s)/Transcript(s) of results

QUALIFICATION(S)	PERIOD	INSTITUTE
1.		
2.		
3.		

Applicants with foreign results should have their results equated to the Zambian Standard by the Examination Council of Zambia.

PART C

(TO BE COMPLETED BY THOSE IN EMPLOYMENT)

16. EMPLOYER

Address

Job title

Appointment date

I certify that the information above is accurate and correct

Signature of applicant: _____

Date: _____

PART D

17. RECOMMENDATION FROM EMPLOYER/SPONSOR/HEAD OF THE LAST EDUCATION INSTITUTION ATTENDED.

Name of recommender: _____

Designator: _____

Signature: _____

PART E

18. OFFICIAL USE ONLY

Admissions committee's decision:

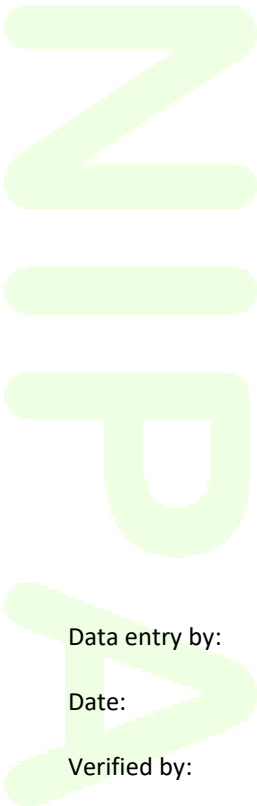
Accepted

Rejected

Name of Chairperson: _____

Signature: _____

Date: _____



Data entry by: _____

Date: _____

Verified by: _____

Date: _____

WHEN COMPLETED PLEASE RETURN THE FORM (Pages 1, 2 & 3) TO:

The Registrar
National Institute of Public Administration
PO Box 31990
Lusaka.

Email: executivedirector@nipa.ac.zm

PAYMENT TERMS

1. The application fee is K182.00 and is non-refundable.
2. Applicants returning their forms by post should enclose a photocopy of their deposit receipt slips or telegraphic money orders, with full names, identification and contact number written on the deposit slip copy as proof of payment for the application to be processed.
3. Applicants can also deposit the application fee at either of the following:

Barclays Bank Zambia Limited
NIPA A/C No.: 017-5121994
Longacre's Branch
Lusaka.

ZANACO Bank
NIPA A/C No.: 0020548300144
Civic Center Branch
Lusaka.

4. Cheque payments are not accepted.

NIPA