



APPLICATION FORM FOR ADMISSION TO CERTIFICATE 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. E-mail	<input type="text"/>		
11. Name, address and contact details of next of kin:	<input type="text"/>		
	<input type="text"/>		

12. 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

Note: Students admitted on full time programmes wishing to be considered for accommodation on campus should apply through the student's portals after being registered by the system. These applications will only be considered on first come first serve basis.

PART B

13. EDUCATION/PROFESSIONAL QUALIFICATIONS:

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

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

Note: 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)

14. EMPLOYER

I certify that the information above is accurate and correct

Signature of applicant: _____ Date: _____

PART D

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

Name of recommender: _____

Designator: _____

Signature: _____

PART E

16. OFFICIAL USE ONLY

Admissions committee's decision: Accepted Rejected

Name of Chairperson: _____

Signature: _____

Date: _____

WHEN COMPLETED PLEASE RETURN THE FORM ALONG WITH RELEVANT ATTACHMENTS INCLUDING APPLICATION FEE DEPOSIT SLIP