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MUKUBA UNIVERSITY

Admission Office: Off Chingola Road, Itimpi, P.O. Box 20382, Kitwe, Zambia
 Tel: +260 212291210. Tel: +260 212291200.
Academic Affairs: Tel: +260 212291218, +260 956664797
E-mail: registrar@mukuba.edu.zm

POSTGRADUATE APPLICATION FORM

INSTRUCTIONS

Please read the form carefully before filling.

Two copies of this form should be completed and submitted to the address above together with proof of an application fee of K150 for Zambians and \$50 for non-Zambians.

Enclose two (2) sealed reference letters from your referees (**One academic and one professional**)

Attach all supporting **certified** documents (evidence of qualifications and valid ID) including two (2) passport size photos

Write in UPPER case letters using black ink

Where instructed to mark, use a cross "X" e.g



Application should be sent to the above address or submitted by hand at the same.

OFFICIAL USE ONLY

Receipt No:

PROGRAMME INFORMATION

1. Title of Degree/Diploma applied for:

2. Field of Study:

3. Intake: January June

4. Mode of Study: Full-time Open and Distance learning

3. School/Department:

4. Statement on proposed study/research

i. Make a brief statement of not more than 200 words on your proposed/study/research. This should be done on a separate sheet: Not applicable to Diploma Applicants.

ii. Also make a brief statement explaining why you have chosen to apply for postgraduate studies.

PERSONAL INFORMATION

- 1. Surname (Prof/Dr/Mr./Mrs./Miss).....
- 2. Other names.....
- 3. SEX: Male Female
- 4. Marital Status: Married Single
- 5. Date of Birth:
- 6. Nationality:
- 7. National Registration Card No.:
- 8. If Non-Zambian, Passport No.:
- 9. 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
.....
.....
.....

CONTACT DETAILS

- 1. Residential Address:
- 2. Postal Address.....
- 3. E-mail address
- 4. Telephone No.: Mobile Phone No.:
- Fax.....

NEXT OF KIN

- 1. Name
- 2. Relationship:
- 3. Address:
- 4. Mobile Phone No.:

ACADEMIC BACKGROUND

Previous Educational Institution Attended (University/ or College)	From	To	Qualification obtained
1.			
2.			
3.			

2. OTHER ACADEMIC OR PROFESSIONAL QUALIFICATIONS

Institution	Qualification	Date Obtained
.....
.....
.....

3. Are you currently studying? Yes No

If Yes, please specify.....

4. Are you employed? Yes No Details of employment (Attach CV)

Employer:

Period:.....

Position held:

Nature of responsibility:

Application Form Checklist for Applicant (“X”)

- | | |
|--|--------------------------|
| 1. High School Certificate/Statement of Results | <input type="checkbox"/> |
| 2. Degree Certificate/Professional Qualification /Statement of Results | <input type="checkbox"/> |
| 3. National Registration Card/Passport/Drivers Licence | <input type="checkbox"/> |
| 4. Attach two (2) Passport Sized Photo | <input type="checkbox"/> |
| 5. Two Reference Letters (One Academic & One Professional) | <input type="checkbox"/> |
| 6. Curriculum Vitae | <input type="checkbox"/> |
| 7. Application form completely filled out accurately & Payment for application form attached (<i>Deposit Slip</i>) | <input type="checkbox"/> |

Note: Applications that are not clear and fully complete with submissions of all attachments as requirements risk having the applications not being processed. therefore, you are required to tick and verify that you have correctly completed your application.

DECLARATION

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

Signature:

Date:

POSTGRADUATE PROGRAMMES CURRENTLY ON OFFER

- Postgraduate Diploma - Teaching Methods (Full Time and Distance Learning)
- Master of Science in Nutritional Sciences (Full Time and Distance Learning)

Payment should be made to the following account:

BANK DETAILS FOR THE FULL TIME APPLICANTS Name of account: MUKUBA CALL ACCOUNT Name of Bank: ZANACO, Kitwe Business Centre ACCOUNT No. 0464028300108	BANK DETAILS FOR THE DISTANCE APPLICANTS Name of account: DIRECTORATE OF OPEN DISTANCE LEARNING (DODL) ACCOUNT Name of Bank: ZANACO, Kitwe Business Centre ACCOUNT No. 0457935300173
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For more information, visit www.mukuba.edu.zm



MUKUBA UNIVERSITY

REFEREE'S REPORT FORM

Please complete the form and return it with your reference to the applicant, to submit with his/her application.

To: The Applicant

Please complete this section of the form. You should ensure that each of your referees (as named on your application form) is given a copy of this form to submit with their letter of reference.

Proposed Programme of study.....

Note: For taught programmes, give full title of your proposed programme. For research programmes, give broad subject area or research theme/grouping. Please include level of study, eg MA, PhD

School in which you wish to study.....

Surname / Family name.....

First / Given name(s).....

Signature..... Date.....

To: The Referee

Please could you provide a recommendation for the above candidate's application. The reference must be submitted on official headed paper or from an official email address, it would be helpful if you could include information on the following:

1. Length of time and capacity in which you have known the applicant
2. Applicant's qualifications, level of performance and result/s (or expected result/s)
3. Your assessment of applicant's potential/suitability to undertake research or postgraduate study in chosen discipline
4. Candidate's motivation and intellectual capacity
5. If the candidate was/is employed by your organisation, their duties and standard of work
6. What you consider to be his/her main strengths and weaknesses
7. Any other information you think relevant and which you feel would assist the University in making its decision

If you are providing an academic reference (eg. you are a lecturer or professor from the candidate's university), please could you also complete the section below which provides information about the ability of the candidate relative to other students in your institution in the same year.

	Top 5%	Top 10%	Top 25%	Top 50%	Bottom 50%
Academic Performance					
Intellectual Ability					
Research ability					
Capacity for original thinking					
Motivation for graduate study					

Referee's Name 

Title (Dr/Prof/Mr/Mrs/Miss/Ms)

Name and Address of Institution/Organisation

.....

.....

Referee's Signature Date