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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 Master's Degree/ Postgraduate Diploma applied for:

.....
.....

2. Field of Study:

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

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 Postgraduate 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. Citizenship.....

8. National Registration Card No.:

9. Period of Residence in Zambia (Foreign)

10. If Non-Zambian, Passport No.:

11. Are you a Permanent Residence in Zambia Yes No

If Yes, what type of permit do you hold?.....

12. 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

.....
.....
.....

13. If you have previously registered with Mukuba University, please indicate the year and the student identification number.....

RESPONSIBILITY

Who will pay your fees?

A. Self-sponsorship

B. Parents

C. I have a scholarship

D. Mukuba University

E. If Any other, specify.....

ACADEMIC BACKGROUND

Previous Educational Institution Attended (Secondary and University/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:

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.:

APPLICANTS CHECK LIST

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

School of Education

- Master of Education in Science Education- (*Biology, Chemistry, Mathematics or Physics*)
- Master of Education –Quality Assurance
- Master of Education in Educational Management and Administration

School of Applied Sciences and Technology

- Master of Science in Nutritional Science

School of Mathematics and Natural Sciences

- Master of Science in Physics
- Master of Science in Chemistry

BANK DETAILS

Payment should be made to the following account:

Name of account: MUKUBA UNIVERSITY –POST GRADUATE
Name of Bank: ZANACO, Kitwe Obote
ACCOUNT No. 0350908301049

NOTE:

- ***This account number is for the payment of application fee***
- ***The payment of tuition and other fees will be done using BILL MASTER***

For more information, visit www.mukuba.edu.zm
