

- 1. K150(**Zambian**)
- 2. US \$50(**NonZambian**)
(Non-Refundable)



MULUNGUSHIUNIVERSITY

Pursuing the Frontiers of Knowledge

P.O Box 80415, KABWE, ZAMBIA

Tel: +260 977134107/0971144906

EMAIL: admissions@mu.ac.zm/academic@mu.ac.zm

**APPLICATION FOR ADMISSION TO
DISTANCE LEARNING DIPLOMA PROGRAMMES FOR
JANUARY **2021/2022 INTAKE****

FOR OFFICIAL USE ONLY
Receipt No.....
Application Fee.....
Date of Receipt of Application Form.....
Received by.....
Data entry by.....

PART I

1. PERSONALDETAILS

Surname.....

Other Names.....

Date of Birth.....

Place of Birth.....

Sex: Male Female

NRC/Passport No.....Nationality.....

Postal Address.....

Residential Address.....

Tel/Cell.....

E –Mail.....

Do you have any physical or communication Disabilities? Encircle the number applicable

1.Visibility	2.Mobility	3.Speech	4.Hearing	5.Others
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If any of the above give details of disability.....

2. EDUCATION

Schools attended (Years and level of attainment)

.....

.....

.....

GRADE12/FORM 5 EXAMINATIONS NUMBER EXAMINATION BODY YEAR

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Indicate 'O' level subjects or equivalents passed and grades scored in the space provided below:

SUBJECT	GRADES
.....	<input type="text"/>
.....	<input type="text"/>
.....	<input type="text"/>
.....	<input type="text"/>
.....	<input type="text"/>
.....	<input type="text"/>
.....	<input type="text"/>
.....	<input type="text"/>
.....	<input type="text"/>

OFFICIALUSEONLY
Subject Combination Points
.....
.....
.....
.....

A Level subjects(If applicable)

SUBJECT	GRADES
.....	<input type="text"/>
.....	<input type="text"/>
.....	<input type="text"/>
.....	<input type="text"/>
.....	<input type="text"/>
.....	<input type="text"/>

OFFICIALUSEONLY
(subject Combination points)
.....
.....
.....

REMEMBER TO ATTACH CERTIFIED COPIES OF YOUR CERTIFICATE OR STATEMENT OF RESULTS

3. PROFESSIONAL QUALIFICATIONS

Professional training courses obtained since leaving school

INSTITUTION	QUALIFICATION	DATE OBTAINED
.....
.....
.....

4. PROGRAMMES BEING OFFERED FOR 2021/2022- ACADEMIC YEAR

4.1 PROGRAMMES OFFERED

4.1.1 SCHOOL OF MEDICINE and HEALTH SCIENCES (SoMHS)

- **Diploma in Nursing Sciences *****

5. SENATE ADMISSION REQUIREMENTS FOR ALL DIPLOMA PROGRAMMES LISTED ABOVE

5.1 All programmes marked

******require a **credit (6)** or **better** in English Language and Mathematics and a credit (6) or better in **any other three** in the Zambian School Certificate or General School Certificate of Education or Cambridge International Examinations.

*******require a **credit (6)** or **better** in English Language, Mathematics Biology or Agriculture Science and in either Science or Physics and Chemistry for those who took pure sciences and a credit (6) or better in **any other one (1)** subject in the Zambian School Certificate or General School Certificate of Education or Cambridge International Examinations.

5.2 The other programmes (without asterisks *****) require a **credit (6)** or **better** in English Language and a credit **(6) or better** in any other **four (04)** subjects in the Zambian School Certificate or General School Certificate of Education or Cambridge International Examinations.

FROM THE ABOVE SELECT COURSES OF STUDY WHICH YOU WOULD LIKE TO BE CONSIDERED FOR ADMISSION IN ORDER OF PREFERENCE (1st2ndand3rdChoice)

PROGRAMME OF CHOICE

1 ST Choice	
2 nd Choice	
3 rd Choice	

6. Mode of study: Distance Learning

7. Duration of programme: **1** year.

8. Do you intend to apply for University Accommodation? Yes No (Tick)

9. Have you consulted your employers/sponsors fully, regarding this application? Tick
Yes No

(If yes, let your employers/sponsors complete Part III of this Form)

Signed.....Date.....

PARTII

TO BE COMPLETED BY APPLICANTS FOR RE-ADMISSION TO MULUNGUSHI UNIVERSITY

- 1. Mulungushi University Student Number _____
- 2. Previous Programme of study _____
- 3. Proposed Programme of study _____
- 4. Last year of study successfully completed _____

NOTE: Please attach your statement of results from Mulungushi University

PARTIII

TO BE COMPLETED BY SPONSOR (If self-sponsored, please skip this part)

- 1. This is to Certify that I/We, am/ are the Manager/Parent/Guardian
 Name :(Block capitals) Prof/Dr/Mr/Mrs/Ms or the name of Company or GRZ
 Department.....
 Address.....
- 2. I/We wish to sponsor him/her for the Mulungushi University Degree
 Course.....
- 3. I/We certify that the candidate has held the responsible position of (state posts and duties held).....

- 4. I/We are willing to release the applicant for the whole period of the course:
to.....
- 5. I/We guarantee that in the event of the above applicant being required to undertake fieldwork assignment for a month or more as part of the course, we agree to offer support to the applicant.
- 6. I/We further guarantee that if the above applicant is accepted for the course the fees required will be paid to the University before or on the date of registration.
 Name.....Signature
- Position.....
- Relationship.....Date.....

PARTIV

TO BE COMPLETED BY THE UNIVERSITY

OFFICIAL USE ONLY CANDIDATE APPLICATION NO.									

The application for Mr/Mrs/Miss.....in the
 Following course.....
 (a) is accepted (b) is rejected.....

Signed.....Position.....Date.....

This form must be returned, before the closing date/deadline indicated in the advertisement to:

THE REGISTRAR- ADMISSIONS OFFICE
 MULUNGUSHI UNIVERSITY
 PO Box 80415
 KABWE
 ZAMBIA
Cell. 0977134107 / 0979310324 / 0977512687 / 0971507759
Email: academic@mu.ac.zm

BANK DETAILS FOR DEPOSITING A NON-REFUNDABLE APPLICATION FEE OF K150

Zambia National Commercial Bank (ZANACO) ACCOUNT NUMBER:
1067654300160

NOTE: This form is not transferable.