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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 Distance and e-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 Postgraduate Diploma Applicants.
- ii. Also make a brief statement explaining why you have chosen to apply for postgraduate studies.

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.....

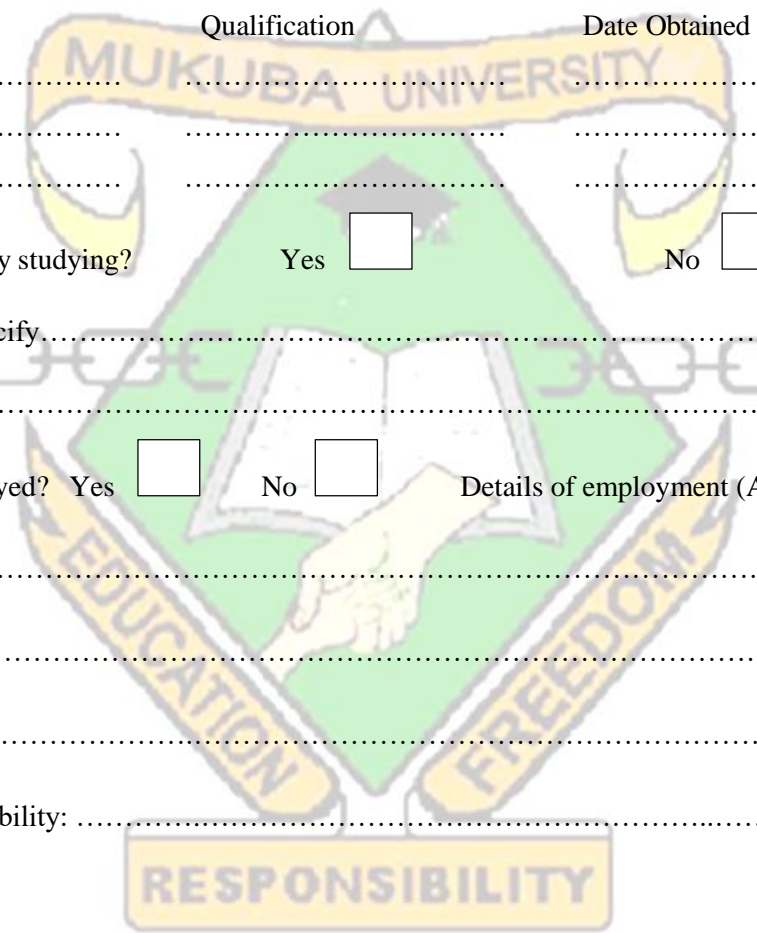
4. Are you employed? Yes No Details of employment (Attach CV)

Employer:

Period:

Position held:

Nature of responsibility:



CONTACT DETAILS

A. APPLICANTS

1. Residential Address:

.....
.....

2. Postal Address.....

3. E-mail address

4. Telephone No.: Mobile Phone No.:

B. NEXT OF KIN

1. Name

2. Relationship:

3. Address:

4. Mobile Phone No.:

C. REFEREES' DETAILS

Provide the details of one academic and one professional referee. If you are not employed, you can provide two academic Referees only.

Academic/ Professional Referee (indicate by circling one)

1. Name

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

3. Name and Address of Institution/Organisation

.....

.....

4. Mobile Phone No:

5. E-mail address.....

Academic/Professional Referee (indicate by circling one)

1. Name

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

3. Name and Address of Institution/Organisation

.....

.....

4. Mobile Phone No:

5. E-mail address.....

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 Mathematical and Natural Sciences

Master of Science in Physics

Master of Science in Chemistry

BANK DETAILS

Payment should be made to the following account:

FULL TIME APPLICANTS	DISTANCE APPLICANTS
Name of account: MUKUBA CALL ACCOUNT	Name of account: DIRECTORATE OF OPEN DISTANCE LEARNING (DODL) ACCOUNT
Name of Bank: ZANACO, Kitwe Business Centre	Name of Bank: ZANACO, Kitwe Business Centre
ACCOUNT No. 0464028300108	ACCOUNT No. 0457935300173

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

