



Chalimbana University

**APPLICATION FOR ADMISSION**

Email: [admissions@chau.edu.zm](mailto:admissions@chau.edu.zm)

Phone: 0977 485 465

**APPLICATION FOR POSTGRADUATE STUDIES**

NAME OF APPLICANT: .....

**FOR OFFICIAL USE ONLY**

Serial No: .....

Date Received: .....

REFERENCE No: .....

RECEIPT No. ....

<b>PROVISIONALLY ACCEPTED</b>	
<b>NOT ACCEPTED</b>	

**INSTRUCTION:**

PLEASE USE CAPITAL LETTERS TO COMPLETE THIS FORM AND TICK WHERE APPROPRIATE

Intake applying for –Distance only (Tick): APRIL  SEPTEMBER

INDICATE THE PROGRAMME/SCHOOL FOR WHICH YOU WISH TO BE ENROLLED.

*(Please clearly tick only one option)*

**DIRECTORATE OF POST GRADUATE STUDIES**

- MASTER OF EDUCATIONAL LEADERSHIP MANAGEMENT
- DOCTOR OF PHILOSOPHY (PhD)

**PERSONAL DETAILS**

Surname: ..... First name: .....

Other Names: \_\_\_\_\_ Cell #:

Date of birth: ..... Nationality: .....

Sex (tick): Male/Female

E-mail Address: .....

NRC/Passport No.: .....

**Marital Status (tick):**

Single – Married – Divorced – Widow – Widowed -

**District:** \_\_\_\_\_ **Province** \_\_\_\_\_

**Address:** \_\_\_\_\_

**NEXT OF KIN**

**Name:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

***B. ACADEMIC QUALIFICATION: SCHOOL CERTIFICATE OR GCE RESULTS***

*Enter your results below starting with English (5-Olevels)*

<i>S/N</i>	<i>SUBJECTS</i>	<i>GRADE</i>	<i>YEAR OBTAINED</i>
<i>1</i>			
<i>2</i>			
<i>3</i>			
<i>4</i>			
<i>5</i>			

**C. PROFESSIONAL QUALIFICATION**

Write the Professional Qualification(s) and where obtained

<b>QUALIFICATION</b>	<b>WHERE OBTAINED</b>	<b>PERIOD</b>

**SPECIALISATION AT DEGREE:** .....

**SPECIALISATION AT MASTERS:** .....

**PROPOSED RESEARCH TITLE:** .....

**FOR PhD ONLY (indicate the area of specialization):**

.....  
.....

**SPONSOR (Tick)**

Self:

Employer:

Any other:

Bursaries/student loan:

***APPLICATION PROCEDURE***

Send the filled in application form together with the certified copies of the NRC, academic and professional certificates and transcripts, and the original deposit slip of K200 bearing your full names to Chalimbana University.

***The Registrar,  
Chalimbana University,  
Private Bag E 1, Lusaka.***

Bank details for depositing the application fee of **K200.00**;

Account Name: Chalimbana University  
Bank: Atasmara (Finance) Bank  
Branch: Chongwe  
Account Number: 0385815136013

**Declaration**

***I declare that my personal information submitted is correct and that my names appear in the same order as on my NRC. I fully understand that should this information that I have given to the institution turn out to be false, my candidature will be withdrawn.***

Signature: \_\_\_\_\_

date: \_\_\_\_\_