



APPLICATION FOR ADMISSION-FULL TIME

Complete this Application Form and send it to: **The Registrar, The Zambia Catholic University**, P.O. Box 260410 Kalulushi, Zambia. Enclosed should be proof of deposit of a **non-refundable application processing fee of ZMK 200.00 payable to THE ZAMBIA CATHOLIC UNIVERSITY – BARCLAYS BANK A/C 009 133 1217**

1.0 SECTION ONE: PERSONAL DATA (please type or print)

1.1 SURNAME ----- FIRST ----- INITIAL ----- PASSPORT/NRC No. -----

1.2 HOME ADDRESS ----- TELEPHONE ----- FAX ----- EMAIL -----

1.3 EMERGENCY CONTACT ----- TELEPHONE ----- FAX ----- EMAIL -----

1.4 Date of Birth ----- Gender (M) (F) ----- Marital Status ----- Disability -----

1.5 Citizenship (Country) ----- Religious Affiliation ----- Clergy & Religious -----

2.0 SECTION TWO: ACADEMIC DATA

**2.1 LIST ALL HIGH (SECONDARY) SCHOOL ATTENDED:
 ALSO: PROFESSIONAL QUALIFICATIONS**

NAME	ADDRESS	MONTH-YEAR	TO	MONTH-YEAR
-----	-----	-----	-----	-----
NAME	ADDRESS	MONTH-YEAR	TO	MONTH-YEAR
-----	-----	-----	-----	-----
NAME	ADDRESS	MONTH-YEAR	TO	MONTH-YEAR
-----	-----	-----	-----	-----

**PLEASE ENCLOSE PHOTOCOPIES OF ALL TRANSCRIPTS
 PLUS TWO PASSPORT SIZE PHOTOS**

3.0 SECTION THREE: ACADEMIC PREFERENCE

3.1 Under graduate degrees on offer; indicate **first, second** and **third choices**.

B.A. EDUCATION (PRIMARY)

B.A. EDUCATION (SECONDARY)
(Any Two of the Following: English, Mathematics, Civic Education, History, Geography, Religious Education)

B.A. COMMERCE WITH EDUCATION

B.A. DEVELOPMENT STUDIES

B.A. SOCIAL WORK

B.A. HUMAN RESOURCE MANAGEMENT

B.Sc. INFORMATION TECHNOLOGY

B.A. ACCOUNTANCY

B.A. BUSINESS ADMINISTRATION

B.A. BANKING & FINANCE

B.A. ECONOMICS

3.2 NOTE WELL: Courses in **ETHICS**, and **INFORMATION TECHNOLOGY** are compulsory for all students.

4.0 SECTION FOUR: DECLARATION BY APPLICANT

By signing this application I confirm that the information given is correct and that any misrepresentation of the facts on this application could be cause for refusal of admission or a suspension from the university if discovered after enrolment.

Print Student's Name

Student's Signature

Date

5.0 SECTION FIVE: FOR OFFICIAL USE

5.1 This Applicant is: **RECOMMENDED – NOT RECOMMENDED** For admission to The Zambia Catholic University

Signature of the Registrar or official designated representative

University Stamp
Signature

Date