

**THE  
ZAMBIA  
CATHOLIC  
UNIVERSITY**



**KALULUSHI, ZAMBIA  
P.O. BOX 260410  
Telephone: 260-212-730209; 731321  
Fax: 260-212-730841  
Email: registrar@zcuiversity.edu.zm**

## **APPLICATION FOR RE-ADMISSION**

Complete both sides of this Application Form and submit it to: **The Registrar, The Zambia Catholic University**, P.O. Box 260410 Kalulushi, Zambia with a **non-refundable, non-creditable application processing fee of ZMW 250.00 (CASH, Banker's Cheque or Direct Deposit)** made payable to THE ZAMBIA CATHOLIC UNIVERSITY – **BARCLAYS BANK A/C 009 133 1217**

Semester for which you are applying:  January to May 20 ----  July to November 20 ----

### **1.0 SECTION ONE: PERSONAL DATA**

ZCU Student ID:  Date of Birth (MM/DD/YY)  Sex:  M  F

Surname: ----- First Name: ----- Other Name/Initial: -----

Email: ----- Current Personal Phone Nos.:

Guardians/Sponsors: Surname: ----- First Name: -----

Other Name/Initial: -----

Guardians Phone Nos.:

Permanent Address: -----  
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First Enrolled at ZCU: Year: ----- Month: -----

Last year and semester attended: -----

Degree for which you are re-applying: -----

I have not been attending / am not attending another institution while absent from ZCU

I have been attending/ am attending another institution while absent from ZCU

*If you have attended/are attending another college or university since your enrollment at ZCU, please provide the details below:*

Institution: -----

Qualification under taken: -----

**2.0 SECTION TWO: 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 re-admission or a suspension from the university if discovered after registration. I will abide by the laid down rules and regulations of the university.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**3.0 SECTION THREE: FOR OFFICIAL USE ONLY**

This Applicant is:  RECOMMENDED  NOT RECOMMENDED for re-admission to The Zambia Catholic University.

**DEAN OR DEAN'S REPRESENTATIVE:**

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

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Approved  not Approved

**REGISTRAR or OFFICIAL DESIGNATED REPRESENTATIVE:**

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

University Stamp