THE
ZAMBIA
CATHOLIC
UNIVERSITY

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

APPLICATION FOR ADMISSION- SHORT COURSES

Complete this Application Form and send/Deliver 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 – ZANACO BANK A/C# 5318137500495 OR ABSA BANK A/C# 009 133 1217

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

1.1 _____
SURNAME FIRST MIDDLE NAME NRC No.

1.2 _____
HOME ADDRESS TELEPHONE EMAIL

1.3 _____
EMERGENCY CONTACT TELEPHONE EMAIL

1.4 _____
Date of Birth Gender Marital Status Disability

1.5 _____
Citizenship (Country) Religious Affiliation Clergy & Religious

2.0 SECTION TWO: ACADEMIC DATA

2.2 'O' LEVEL OR EQUIVALENT EXAMINATION PASSED AND GRADES ATTAINED IN EACH SUBJECT

SUBJECT	GRADE	NAME OF EXAMINATION BOARD

3.0 SECTION THREE: ACADEMIC PREFERENCE

3.1 Certificate of Short courses on offer; indicate first, second and third choices.

SHORT COURSES

Business Planning and Modelling .....

Certificate in Computer Literacy .....

Climate Change and Sustainable Development .....

Critical Thinking .....

Data analysis With Statistical Package for Social Science .....

Disaster and Risk Management .....

Economics for Managers .....

Financial Planning and Retirement .....

Foundation Course in Psyco-Social Counselling Skills .....

Industrial Psychology .....

School Leadership .....

Test Iterm Construction .....

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