

THE
ZAMBIA
CATHOLIC
UNIVERSITY



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

APPLICATION FOR ADMISSION – PART TIME (EVENING)

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 – **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 -----
POSTAL 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 ONE PASSPORT SIZED PHOTOS**

3.0 SECTION THREE: ACADEMIC PREFERENCE

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

Bachelor of Accountancy

Bachelor of Banking and Finance

Bachelor of Business Administration

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 expulsion 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 Evening Study Programme**

Signature of the University Secretary or official designated representative

University Stamp
Signature

.....
Date