



## APPLICATION FOR ADMISSION-MASS COMMUNICATION

Complete this Application Form and send it to: **The Registrar, The Zambia Catholic University, P.O. Box 34417 Lusaka, Zambia.** Enclosed should be proof of deposit of a non-refundable application processing fee of **ZMK 200.00** payable to THE ZAMBIA CATHOLIC UNIVERSITY 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

**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. MASS COMMUNICATION** .....

**B.A. JOURNALISM AND MASS COMMUNICATION** .....

**B.A. PUBLIC RELATIONS** .....

**B.A. FILM AND FINE ART** .....

**3.2 NOTE WELL:** Courses in **ETHICS, SOCIAL TEACHINGS OF THE CHURCH** 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.

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Print Student's Name

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Student's Signature

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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

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Date