

**THE  
ZAMBIA  
CATHOLIC  
UNIVERSITY**



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

**APPLICATION FOR ADMISSION – OPEN DISTANCE LEARNING**

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 Other Names (Title: Dr. Mr. Mrs. Miss. Sr. Fr.)

1.2 PASSPORT/NRC No. PLACE OF ISSUE

1.3 HOME ADDRESS TELEPHONE FAX EMAIL

1.4 EMERGENCY CONTACT TELEPHONE FAX EMAIL

1.5 Date of Birth Gender (M) (F) Marital Status

1.6 DO YOU HAVE ANY PHYSICAL OR COMMUNICATION DISABILITIES? ENCIRCLE THE NUMBER APPLICABLE

- a) Circle
  - 1. Vision
  - 2. Mobility
  - 3. Speech
  - 4. Hearing
  - 5. Others
- b) If you have any other disability, give details .....

1.7 Citizenship (Country) .....

1.8 Religious Affiliation .....

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

**2.0 SECTION TWO: ACADEMIC DATA**

**2.1 LIST ALL HIGH //(SECONDARY) SCHOOL ATTENDED:**

.....  
NAME MONTH-YEAR TO MONTH-YEAR

.....  
NAME MONTH-YEAR TO MONTH-YEAR

.....  
NAME MONTH-YEAR TO MONTH-YEAR

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

SUBJECT	GRADE	NAME OF EXAMINATION BOARD
_____	<input type="text"/>	_____
_____	<input type="text"/>	_____
_____	<input type="text"/>	_____
_____	<input type="text"/>	_____
_____	<input type="text"/>	_____
_____	<input type="text"/>	_____
_____	<input type="text"/>	_____
_____	<input type="text"/>	_____
_____	<input type="text"/>	_____

ENCLOSE COPY(IES) OF STATEMENT(S) OF RESULTS. APPLICATION FORMS WHICH ARE NOT ACCOMPANIED WITH COPIES OF STATEMENTS OF RESULTS WILL NOT BE PROCESSED.

**2.1 LIST ALL NAMES OF PROFESSIONAL INSTITUTIONS PLUS QUALIFICATIONS OBTAINED:**

.....  
NAME MONTH-YEAR TO MONTH-YEAR

.....  
NAME MONTH-YEAR TO MONTH-YEAR

.....  
NAME MONTH-YEAR TO MONTH-YEAR

**3.0 SECTION THREE: Programmes of Study by Distance Learning**

3.1 INDICATE THE STUDY PROGRAMMES FOR WHICH YOU WISH TO BE CONSIDERED IN ORDER OF PREFERENCE (e.g. First, second and third choices).

- Bachelor of Education (Primary)** .....
- Bachelor of Education (Secondary)** .....  
*(Any Two of the Following: English, Mathematics, Civic Education, History, Geography, Religious Education)*
- Bachelor of Education (Guidance and Counselling)** .....
- Bachelor of Commerce with Education** .....
- Bachelor of Social Work** .....
- Bachelor of Arts in Development Studies** .....
- Bachelor of Human Resource Management** .....
- Bachelor of Business Administration** .....

3.2 **NOTE WELL:** Courses in **SOCIAL TEACHINGS OF THE CHURCH, COMMUNICATION SKILLS, ETHICS,** and **INFORMATION TECHNOLOGY** are compulsory for all students.

**4.0 SECTION FOUR: FILL THIS PART IF YOU ARE PRESENTLY EMPLOYED**

- A) Type of Employment .....
- B) Name of Employer .....
- C) Address of Employer .....
- D) Period of Service .....
- E) Employee's Reference .....

**5.0 SECTION FIVE: 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

**6.0 SECTION SIX: FOR OFFICIAL USE**

5.1 This Applicant is: RECOMMENDED – NOT RECOMMENDED

For admission to The Zambia Catholic University

Signature of the University Secretary or official designated representative

Signature ..... Date .....

