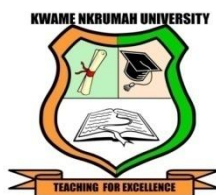


# KWAME NKURUMAH UNIVERSITY



## POSTGRADUATE PROGRAMME APPLICATION FOR ADMISSION 2019/2020

**AUGUST INTAKE 2019**

(Distance Education)

Attach Photo here



### INSTRUCTIONS

1. Fill in all particulars on this form as per instructions
2. Attach CERTIFIED PHOTOCOPIES of the following documents
  - (a) Grade 12 School Certificate
  - (b) Bachelor's Degree plus Transcript
  - (c) National Registration Card (NRC) or Passport
  - (d) Any other relevant documents
3. Note that the Application Form is **Free**.
4. Submit/send the Application Form together with two (2) passport size photos, and the documents in (2) above to:

**THE DIRECTOR  
DIRECTORATE OF RESEARCH AND POST GRADUATE STUDIES  
KWAME NKURUMAH UNIVERSITY  
P.O. BOX 80404  
KABWE**

5. For further enquiries call or send us E-mail:

Telefax: +260 215 223223 E-mail: [postgrad@nkrumah.edu.zm](mailto:postgrad@nkrumah.edu.zm)

**FOR OFFICIAL USE ONLY**

PAID	
GRZ Receipt Number	

**PART I – PERSONAL DETAILS (To be completed by applicant in capital letters)**

<b>1. Surname</b>																
<b>2. Other names</b>																
<b>3. Marital Status</b>																
	(If you are a married woman, give names by which you would like to be registered)															
<b>4. Nationality</b>																
<b>5. Date of Birth</b>														<b>6. Sex</b> (mark with √)	<b>Male</b>	
	<b>Date</b>	<b>Month</b>		<b>Year</b>											<b>Female</b>	
<b>7. Place of Birth</b>																
<b>8. Identity</b>	<b>NRC /Passport number</b>															
<b>9. State whether Physically Challenged (disabled) or not. Mark with (√) appropriately</b>															<b>Yes</b>	
															<b>No</b>	
<b>10. If you answered YES to question 10, mark the challenge (disability) in the appropriate box on the right with (√) below:</b>																
	<b>Vision</b>															
	<b>Hearing impairment</b>															
	<b>Physical (moving, standing)</b>															
	<b>Speech Impairment</b>															
	<b>Other (specify)</b>															
<b>11. Applicant's Contact</b> Address (indicate P.O. BOX and NOT physical address )																
<b>12. E-mail Address (if any)</b>																
<b>13. Applicant's Tel/Mobile/Cell phone</b>	+	2	6													
<b>14. Name of Applicant's next of Kin (person to be contacted in case of emergency)</b>																
<b>15. Relationship of next of Kin to you</b>																
<b>16. Contact Address of Next of Kin (indicate P.O. BOX and NOT physical address)</b>																
<b>17. Next of Kin's Tel/Mobile/Cell phone</b>	+	2	6													

**PART II – EDUCATIONAL BACKGROUND** *(Attach certified copies of certificates and transcripts)*

**SECONDARY SCHOOL EDUCATION**

Last School Attended .....  
 Qualification Obtained .....  
 Date/Year .....

List in chronological order all colleges and universities attended

**UNIVERSITY EDUCATION**

S/No.	UNIVERSITY	TITLE OF DEGREE OBTAINED	FIELD OF SPECIALIZATION	YEAR

**COLLEGE EDUCATION**

S/No.	COLLEGE	TITLE OF QUALIFICATION OBTAINED	FIELD OF SPECIALIZATION	YEAR

**OTHER ACADEMIC OR PROFESSIONAL QUALIFICATIONS**

S/No.	INSTITUTION	QUALIFICATION OBTAINED	YEAR

Are you currently studying?      Yes       No       (Tick ✓ appropriately)

If Yes, Please specify .....  
 .....  
 .....  
 .....

**PART III – EMPLOYMENT**

Present Employment .....  
Employer .....  
Date of employment .....  
Nature of Employment (give details)  
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**PART IV – REFEREES**

Provide recommendation letters from three (3) referees; Two (2) academic (two different lecturers) and (1) One professional (your employer).

Indicate the names and address of each referee in this section and also ensure that references from these people reach the Directorate in good time. Your application is incomplete without supporting references.

**1. Academic qualifications referees:**

(i) Name: .....  
Position Held: .....  
Postal Address: .....  
.....  
.....

(ii) Name: .....  
Position Held: .....  
Postal Address: .....  
.....  
.....

**2. Professional work referee:**

Name: .....  
Position Held: .....  
Postal Address: .....  
.....  
.....

**PART V – FINANCES**

Name of Sponsor(s) .....

.....

.....

**Declaration**

I certify that all the particulars furnished by me in this application and supporting documents are true, complete and correct. I understand that any misrepresentation will cause for denial of admission.

Applicant’s signature: ..... Date: .....

**PART VI – PROGRAMME CHOICE: The following postgraduate programs are on offer at Kwame Nkrumah University:**

Indicate your choice with a tick (√)

S/No.	PROGRAMME	CHOICE (tick (√))
1.	Master of Arts in Educational Administration and Leadership	
2.	Master of Arts (MA) in History	
3.	Master of Arts in (MA) Religious Studies	
4.	Master of Education (MEd) in Special Education	
5.	Masters of Arts (MA) in Civic Education	
6.	Master of Arts (MA) in General Linguistics	
7.	Master of Science (MSc) in Geography	
8.	Master of Business with Education	

**PART VII – STATEMENT OF PURPOSE**

Write a brief statement of purpose describing reason(s) for pursuing graduate study. If you wish to give additional information which has a bearing upon your application, please do so on the space provided or on a separate sheet and attach it to your application form.

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**Signature of Director.....**

**FOR/VICE CHANCELLOR  
KWAME NKUMAH UNIVERSITY  
P.O. BOX 80404  
KABWE**

**TELEFAX: +260 215 223223 E-mail: [postgrad@nkrumah.edu.zm](mailto:postgrad@nkrumah.edu.zm)**

<b>DATE STAMP</b>
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