APPLICATION FORM
POSTGRADUATE DIPLOMA IN TEACHING METHODOLOGY
AUGUST INTAKE
(DISTANCE EDUCATION)

INSTRUCTIONS

1. Fill in all particulars on this form as per instructions

2. Attach Photocopies of the following documents
   
   (a) Grade 12 School Certificate
   
   (b) Qualification(s) from recognized tertiary institutions
   
   (c) National Registration Card (NRC).
   
   (d) Any other relevant documents

3. Note that the Application Form is Free.

4. Submit/send the Application Form together with the documents mentioned in (2) above to:

   THE REGISTRAR
   KWAME NKRUMAH UNIVERSITY
   P.O. BOX 80404
   KABWE

   NOTE: (a) This Application Form can be downloaded from www.nkrumah.edu.zm

   (b) Only shortlisted candidates will be communicated to.

5. For further enquiries:

   Call: +260953909031/+260973726579/+260972753727:
### PART I – PERSONAL DETAILS

(To be completed by applicant in capital letters)

<table>
<thead>
<tr>
<th></th>
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<th>Passport size photo</th>
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<tbody>
<tr>
<td>1. Surname</td>
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<tr>
<td>2. Other names</td>
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3. Marital Status

(If you are a married woman, give names by which you would like to be registered)

4. Nationality

5. Date of Birth

<table>
<thead>
<tr>
<th>Date</th>
<th>Month</th>
<th>Year</th>
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6. Sex

(mark with √)

Male
Female

7. Place of Birth

8. Identity

Passport OR
NRC number

9. State whether Physically Challenged (disabled) or not. Mark with (√) appropriately

Yes
No

10. If you answered YES to question 9, mark the challenge (disability) in the appropriate box on the right with (√) below:

- Vision
- Hearing impairment
- Physical (moving, standing)
- Speech Impairment
- Other (specify)

11. Applicant’s Contact

Address (indicate P.O. BOX and NOT physical address)

12. E-mail Address

13. Applicant’s Tel/Mobile/Cell phone

14. Name of Applicant’s next of Kin (person to be contacted in case of emergency)

15. Relationship of next of Kin to you

16. Contact Address of Next of Kin

(indicate P.O. BOX and NOT physical address)

17. Next of Kin’s Tel/Mobile/Cell phone

+ 2 6
PART II – EDUCATIONAL BACKGROUND (Attach certified copies of certificates and transcripts)

(A) SECONDARY SCHOOL EDUCATION

18. Last School Attended

19. Indicate the grades you obtained in the table below:

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>GRADE</th>
<th>YEAR</th>
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<tbody>
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<td>5</td>
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</tbody>
</table>

(B) COLLEGE EDUCATION

20. List in chronological order all institutions attended

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<thead>
<tr>
<th>S/No.</th>
<th>COLLEGE</th>
<th>TITLE OF QUALIFICATION OBTAINED</th>
<th>FIELD OF SPECIALIZATION</th>
<th>YEAR</th>
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(C) UNIVERSITY EDUCATION

21. List in chronological order all institutions attended

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<thead>
<tr>
<th>S/No.</th>
<th>UNIVERSITY</th>
<th>TITLE OF DEGREE OBTAINED</th>
<th>FIELD OF SPECIALIZATION</th>
<th>YEAR</th>
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(D) OTHER ACADEMIC OR PROFESSIONAL QUALIFICATIONS

22. List in chronological order any other academic or professional qualification obtained and institutions attended

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<tr>
<th>S/No.</th>
<th>INSTITUTION</th>
<th>QUALIFICATION OBTAINED</th>
<th>YEAR</th>
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23. Declaration and undertaking: I declare that all the particulars furnished by me on this form are true and correct, and I undertake to comply with the rules, regulations and decisions of the University.

Date: .......................................................... Applicants’ signature..................................................

FOR OFFICIAL USE ONLY

COMMENT:

ACCEPT       Yes □ No □ (Tick ✓ appropriately)

.................................
REGISTRAR
KWAME NKRUMAH UNIVERSITY
P.O. BOX 80404
KABWE