#### KWAME NKRUMAH UNIVERSITY



# POSTGRADUATE PROGRAMME APPLICATION FOR ADMISSION 2019/2020

(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
  - (c) National Registration Card (NRC) or Passport
  - (d) Any other relevant documents
- Deposit the non-refundable Application Fee K150.00into the Distance Education BILL MUSTER Account Number
   1343581300109 at any ZANACO Bank/Branch in Zambia.
- 4. Submit/send the Application Form together with two (2) passport size photos, receipt or deposit slip of the non-refundable application fee and the documents in (2) above to:

THE DIRECTOR
DIRECTORATE OF RESEARCH AND POST GRADUATE STUDIES
KWAME NKRUMAH 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

#### FOR OFFICIAL USE ONLY

PAID	
GRZ Receipt Number	

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

1. Surname																
2. Other names																
3. Marital Status																
		(If you are a married woman, give names by which you would like to be registered)														
4. Nationality								ı		-						•
5. Date of Birth											6. Sex			Male		
		Date	Mon	th	Year		(mark with $$ )		√) [I	Female						
7. Place of Birth																
8. Identity	I	NRC /Passport number														
9. State whether	Physical	lly Challer	nged (disabled	) or n	ot. Ma	rk witl	า (√) a	pprop	riately	,				Ye		
														No		
10. If you answe	red YES	to questio	n 10, mark the	chall	enge	(disab	ility) ii	1 the a	pprop	riate l	box or	the r	ight v	vith (√	)	
below:																
	Vision															
	Hearing impairment															
	Physical (moving, standing)															
Speech Impairment																
Other (specify)																
11. Applicant's C	Contact															
Address (indicate P.O. BOX and			d													
NOT physical address )																
12. E-mail Address (if any)																
13. Applicant's Tel/Mobile/Cell phone			+	2	6											
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)

SECON	NDARY SCHOOL EDUCATION									
Last So	Last School Attended									
Qualific	Qualification Obtained									
Date/Ye	Date/Year									
List in chronological order all colleges and universities attended										
UNIVE	UNIVERSITY EDUCATION									
S/No.	UNIVERSITY	TITLE O	F DEGREE OBTAINED	FIELD OF SPECIALIZATION	YEAR					
COLLE	GE EDUCATION									
S/No.	COLLEGE	TITLE O	F QUALIFICATION OBTAINED	YEAR						
OTHER	R ACADEMIC OR PROFESSIONA	L QUALIFIC	ATIONS							
S/No.	INSTITUTION		QUALIFICATION OBTAINED		YEAR					
Are you currently studying? Yes $igsquare$ No $igsquare$ (Tick $$ appropriately)										
If Yes,	If Yes, Please specify									
,										

### PART III - EMPLOYMENT

Present E	mployment	
Employer		
Date of en	nployment	
Nature of	Employment (give	details)
PART IV -	- REFEREES	
Provide re	commendation let	ters from three (3) referees; Two (2) academic (two different lecturers) and (1) One professional
(your emp		
		ress of each referee in this section and also ensure that references from these people reach the
		ur application is incomplete without supporting references.
2110010141	5 m good tillor i ot	an application to most representating resolutions.
1. Acader	nic qualifications	referees:
(i)	Name:	
(1)	Position Held:	
	Postal Address	x
(ii)	Name:	
	Position Held:	
	Postal Address	E
2. Profess	sional work refere	ee:
	Name:	
	Position Held:	
	Postal Address	s:

Name of Sponsor(s)						
Declar						
	y that all the particulars furnished by me in this application and supporting doc	uments are true, complete and				
correct	. I understand that any misrepresentation will cause for denial of admission.					
Applica	ant'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	/II – STATEMENT OF PURPOSE					
PART		ish to give additional information				
PART V	/II – STATEMENT OF PURPOSE	-				
PART V Write a	/II – STATEMENT OF PURPOSE brief statement of purpose describing reason(s) for pursuing graduate study. If you w	-				
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**PART V – FINANCES** 

Signature of Dire	Signature of Director							
	ICELLOR IAH UNIVERSITY	DATE STAMP						
P.O. BOX 80404 KABWE								
TELEFAX:	+260 215 223223 E-mail: postgrad@nkrumah.edu.zm							