#### **KWAME NKRUMAH UNIVERSITY**



## 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, POSTGRADUATE STUDIES & INNOVATION KWAME NKRUMAH UNIVERSITY P.O. BOX 80404 KABWE

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

Telefax: +260 215 223223 E-mail: <u>postgrad@nkrumah.edu.zm</u> Cell: +260973780447 +260973650600

# **PART I - INTAKE OF CHOICE.** Indicate your choice with a tick $(\sqrt{)}$

APRIL INTAKE

AUGUST INTAKE

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

1. Surname																	
2. Other name	es																
3. Marital Sta	tus																
			(If y	you are a	a marr	ried w	oman	, give	name	es by v	vhich	you	would	like to	be r	egiste	ered)
4. Nationality																	
5. Date of Birth											6. Sex		Μ	Male			
		Da	ite	Mo	nth			Year			(mark with $$ )		F	Female			
7. Place of Bir	·th								•								
8. Identity		NRC	/Passpo	rt numl	ber												
9. State wheth	er Phys	ically	Challen	ged (dis	abled	) or 1	not. N	lark v	with (	(√) apj	propr	iately	y		Ye No		
10. If you answ	wered <b>Y</b>	ES to	questio	n 9, mai	rk the	chal	lenge	(disa	bility	) in th	e app	oropr	iate bo	ox be			√) <b>:</b>
	Vision	1															
	Hearin	ng imp	airmen	t													
	Physic	cal (mo	oving, st	anding)													
	Speech	ch Impairment															
	Other	(speci	fy)														
11. Applicant's Contact Address (indicate			ndicate														
Postal Ade	dress ar	ıd NO'	T physic	cal													
address)																	
12. E-mail Ad	dress (if	f any)															
13. Applicant's Tel/Mobile/Cell phone			one	+	2	6	0										
14. Name of A (person to	pplican	t's nex	ct of Kir	1				1				1		<u> </u>			4
be contacted in case of emergency)																	
15. Relationship of next of Kin to you																	
16. Contact Address of Next of Kin (indicate																	
Postal Addre	ss NOT	physi	cal add	ress)													
17. Next of Kin's Tel/Mobile/Cell phone			+	2	6	0											

# PART III – EDUCATIONAL BACKGROUND (Attach certified copies of certificates and transcripts)

#### **SECONDARY SCHOOL EDUCATION**

Last School Attended	
Qualification Obtained	۱
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.	COLLE GE	TITLE OF QUALIFICATION OBTAINED	FIELD OF SPECIALIZATION	YEAR

#### **OTHER ACADEMIC OR PROFESSIONAL QUALIFICATIONS**

S/No.	INSTITUT ION	QUALIFICATION OBTAINED	YEAR
Are yo	u currently studying? Yes	No (Tick $\sqrt{appropriately}$ )	•

If Yes, Please specify

.....

#### PART IV - EMPLOYMENT

Present Employment	
Employer	
Date of employment	
Nature of Employment	(give details)

#### **PART V – REFEREES**

2.

Provide recommendation letters from three (3) referees; Two (2) academic and One (1) professional. 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	
	•••••	
	••••••	
Profes	sional referee:	
	Name:	
	Position	
	Held: Postal	
	Address:	

#### **PART VI – 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 VII – PROGRAMME CHOICE: The following postgraduate programs are on offer at Kwame Nkrumah University: Indicate your choice with a tick** ( $\sqrt{}$ )

S/No	PROGRAMME	<b>CHOICE</b> (tick $()$
1.	Master of Arts in Educational Administration and Leadership	
2.	Master of Arts in History	
3.	Master of Arts in Religious Studies	
4.	Master of Education in Special Education	
5.	Masters of Arts in Civic Education	
6.	Master of Arts in Linguistic Science	
7.	Master of Science in Geography	
8.	Master of Business Studies	
9.	Master of Arts in Human Resource Management	
10.	Master of Business Administration - Executive	
11.	Master of Business Administration - Finance	
12.	Master of Business Administration - General	
13.	Master of Education in Science Education	
14.	Master of Education in Mathematics Education	
15.	Master of Science in Mathematics Education	
16.	Postgraduate Diploma in Teaching Methodology	

#### **PART VIII – 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 NKRUMAH UNIVERSITY P.O. BOX 80404 KABWE

DATE STAMP OFFICIAL