MUKUBA UNIVERSITY
P.O. BOX 20382, Itimpi Kitwe.
registrar@mukuba.edu.zm
+260 955 239003

APPLICATION FOR ADMISSION

OFFICIAL USE ONLY

Serial No: ___________________________ Date received _________________________

REFERENCE No. _________________________________________________________________

PLEASE USE CAPITAL LETTERS TO COMPLETE THIS FORM AND TICK WHERE APPROPRIATE

1. FULL NAMES (Surname, First Name, Middle Name)

2. GENDER
   Male [ ]   Female [ ]

3. MARITAL STATUS
   Single [ ]   Married [ ]

4. DATE OF BIRTH
   D D M M
   Y Y Y Y
5. NATIONALITY  

6. NRC or PASSPORT No. 

7. POSTAL ADDRESS

8. RESIDENTIAL ADDRESS

9. CONTACT NUMBERS AND E–MAIL ADDRESS
   Mobile phone(s)
   Residential phone number
   Business phone
   E–mail address

10. NAME, ADDRESS & PHONE NUMBER OF NEXT OF KIN

11. **SUBJECTS PASSED** *(List down best five O’ levels including English Language)*

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<th>S/No</th>
<th>SUBJECT</th>
<th>GRADE</th>
<th>YEAR</th>
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<tr>
<td>1</td>
<td>ENGLISH LANGUAGE</td>
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<td>MATHEMATICS</td>
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12. **INSTITUTION ATTENDED AND YEAR** *(Starting with the last institution/school attended)*

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13. **PROGRAMS CURRENTLY ON OFFER**

**A. FULL TIME**

I. Bachelor of Education – Natural Sciences, (Agriculture Science, Biology, Chemistry, Physics, and Mathematics, Geography)

II. Bachelor of Education – Home Science and Technology (Nutrition and Textile Science)

III. Bachelor of Education – Computer Science

**B. OPEN AND DISTANCE LEARNING**

I. Bachelor of Education – Natural Sciences, (Agriculture Science, Biology, Chemistry, Physics, and Mathematics, Geography)

II. Bachelor of Education – Home Science and Technology (Nutrition and Textile Science)

III. Bachelor of Education – Computer Science

IV. Postgraduate Diploma – Teaching Methods
14. INDICATE THE STUDY PROGRAM FOR WHICH YOU WISH TO BE ENROLLED IN
ORDER OF PREFERENCE

1st CHOICE ________________________________________________________

2nd CHOICE ________________________________________________________

15. MODE OF STUDY:
FULL TIME (Main Campus) □
OPEN AND DISTANCE LEARNING □

16. INDICATE YOUR SPONSOR(S)
Employer □
Self □

Any other specify ______________________________________________________

NOTE:
• Attach copies of your academic and professional qualifications, National Registration Card and a copy of ZANACO deposit slip of K150 non-refundable application fee bearing your full names endorsed by the bank.

• Send the duly completed application form to:
The Registrar
Mukuba University
P.O. Box 20382, Kitwe

• Full Time Programmes commence in January 2018 and Distance Programmes commence in April 2018

BANK DETAILS FOR FULL TIME APPLICANTS:
Name of account: MUKUBA CALL ACCOUNT
Name of Bank: ZANACO, Kitwe Business Centre
ACCOUNT No. 0464028300108

BANK DETAILS FOR DISTANCE APPLICANTS:
Name of account: DIRECTORATE OF OPEN DISTANCE LEARNING (DODL) ACCOUNT
Name of Bank: ZANACO, Kitwe Business Centre
ACCOUNT No. 0457935300173

For more information, visit www.mukuba.edu.zm