

- 1. K150 (Zambian)
  - 2. US \$50 (Non Zambian)
- (Non Refundable)



FOR OFFICIAL USE ONLY

Receipt No.....

Application Fee.....

Date of Receipt of Application Form.....

Received by.....

Data entry by .....

# MULUNGUSHI UNIVERSITY

Pursuing the Frontiers of Knowledge

P.O Box 80415, KABWE, ZAMBIA

Tel: +260 -215-228003

EMAIL: [admissions@mu.ac.zm](mailto:admissions@mu.ac.zm)

## APPLICATION FOR ADMISSION TO

**EVENING /DISTANCE DEGREE PROGRAMMES TO BE OFFERED AT**

**ZAMBIA INSTITUTE OF MASS COMMUNICATION**

**(ZAMCOM) IN LUSAKA FOR**

**AUGUST 2019/2020 INTAKE**

### PART I

#### 1. PERSONAL DETAILS

Surname.....

Other Names.....

Date of Birth.....

Place of Birth.....

Sex: Male  Female

NRC/Passport No.....Nationality .....

Postal Address.....

Residential Address.....

Tel/Cell .....

E – Mail .....

Do you have any physical or communication Disabilities?

Encircle the number applicable

1. Visibility	2. Mobility	3. Speech	4. Hearing	5. Others
---------------	-------------	-----------	------------	-----------

If any of the above give details of disability.....

How did you hear about Mulungushi University.....

Which method do prefer to receive your acceptance letter?

1. By Post	2. Email
------------	----------

If it's by email, please indicate a valid and working email address .....



REMEMBER TO ATTACH CERTIFIED COPIES OF YOUR CERTIFICATE OR STATEMENT OF RESULTS

**3. PROFESSIONAL QUALIFICATIONS**

Professional training courses obtained since leaving school		
INSTITUTION	QUALIFICATION	DATE OBTAINED
.....	.....	.....
.....	.....	.....
.....	.....	.....

**4. PROGRAMMES TO BE OFFERED FOR 2019/2020 – ACADEMIC YEAR**

**4.1.1 SCHOOL OF BUSINESS STUDIES (SBS)**

- Bachelor of Communications in Public Relations
- Bachelor of Communications in Journalism

**5. SENATE ADMISSION REQUIREMENTS FOR ALL DEGREE PROGRAMMES LISTED ABOVE**

**5.2** A **credit (6)** or **better** in English Language and a credit **(6) or better** in any other **four (04)** subjects in the Zambian School Certificate or General School Certificate of Education or Cambridge International Examinations.

**DIPLOMA HOLDERS**

**5.3** Five **(5)** credits, which **must** include English language (Grade 6) OR Better with a **Diploma** of a minimum of **2 years** duration in the relevant field from a recognised institution will be **exempted from first and second year courses** and hence start at **Third (3<sup>rd</sup>) Year**.

FROM THE ABOVE, SELECT COURSES OF STUDY WHICH YOU WOULD LIKE TO BE CONSIDERED FOR ADMISSION IN ORDER OF PREFERENCE (1<sup>st</sup> 2<sup>nd</sup> and 3<sup>rd</sup> Choice)

PROGRAMME OF CHOICE

1 <sup>ST</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	

- 6. Mode of study: Full-time/ Evening
- 7. Duration of programmes: **4** years.

8. Have you consulted your employers/sponsors fully, regarding this application? Tick

Yes       No

(If yes, let your employers/sponsors complete Part III of this Form)

Signed.....Date.....

PART II

TO BE COMPLETED BY APPLICANTS FOR RE-ADMISSION TO MULUNGUSHI UNIVERSITY

- 1. Mulungushi University Student Number \_\_\_\_\_
- 2. Previous Programme of study \_\_\_\_\_
- 3. Proposed Programme of study \_\_\_\_\_
- 4. Last year of study successfully complete \_\_\_\_\_

NOTE: Please attach your statement of results from Mulungushi University

PART III

TO BE COMPLETED BY SPONSOR (If self-sponsored, please skip this part)

- 1. This is to Certify that I/We, am/are the Manager/Parent/Guardian  
 Name: (Block capitals) Prof/ Dr/Mr/Mrs/Ms or the name of Company or GRZ  
 Department.....  
 Address.....
- 2. I/We wish to sponsor him/her for the Mulungushi University Degree  
 Course.....
- 3. I/We certify that the candidate has held the responsible position of (state posts and duties held).....  
 .....
- 4. I/We are willing to release the applicant for the whole period of the course:  
 .....to.....
- 5. I/We guarantee that in the event of the above applicant being required to undertake field work assignment for a month or more as part of the course, we agree to offer support to the applicant.
- 6. I/We further guarantee that if the above applicant is accepted for the course the fees required will be paid to the University before or on the date of registration.  
 Name.....Signature .....
- Position.....
- Relationship.....Date.....

PART IV

TO BE COMPLETED BY THE UNIVERSITY

OFFICIAL USE ONLY CANDIDATES APPLICATION NO.									

The application for Mr/Mrs/Miss.....in the following course  
.....

(a) is accepted (b) is rejected .....

Signed.....Position.....Date.....

This form must be returned, before the closing date/dead line indicated in the advertisement to:

The Registrar – Admissions Office  
 Mulungushi University  
 P O Box 80415  
 KABWE  
 ZAMBIA  
**Cell. 0977134107**  
**Email: [academic@mu.ac.zm](mailto:academic@mu.ac.zm)**  
**[admissions@mu.ac.zm](mailto:admissions@mu.ac.zm)**

ZAMBIA INSTITUTE OF MASS COMMUNICATION  
 PLOT NUMBER 3526, GOVERNMENT ROAD  
 P.O. BOX 50386, RIDGEWAY  
 LUSAKA, ZAMBIA

TEL: +260-211-251811  
**Cell: +260-979-239617**  
**EMAIL: [info@zamcom.co.zm](mailto:info@zamcom.co.zm)**  
**WEBSITE: [www.zamcom.co.zm](http://www.zamcom.co.zm)**

**BANK DETAILS FOR DEPOSITING A NON-REFUNDABLE APPLICATION FEE OF K150**

**ZAMCOM, Investrust Bank – Lusaka Main Branch. Account Number: 01 01 10000 625029**

NOTE: This form is not transferable.