

- 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

APPLICATION FOR ADMISSION TO

EVENING 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
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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
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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 (3rd) Year**.

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

PROGRAMME OF CHOICE

1 ST Choice	
2 nd Choice	
3 rd 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
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
WEBSITE: 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.