



**CHALIMBANA UNIVERSITY**

**APPLICATION FOR ADMISSION-POSTGRADUATE**

**Email: [postgraduateadmissions@chau.ac.zm](mailto:postgraduateadmissions@chau.ac.zm)**

**Phone: 0777168751**

**APPLICATION FORM- POSTGRADUATE STUDIES**

**FOR OFFICIAL USE ONLY**

Serial No: .....

Date Received: .....

REFERENCE No: .....

RECEIPT No. ....

<b>PROVISIONALLY ACCEPTED</b>	
<b>NOT ACCEPTED</b>	

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

**Intake applying for (Tick): MASTERS-APRIL**

**PhD-AUGUST**

**AUGUST**

**DECEMBER**

INDICATE THE PROGRAMME/SCHOOL FOR WHICH YOU WISH TO BE ENROLLED.

*(Please clearly tick only one option)*

**DIRECTORATE OF RESEARCH AND POST GRADUATE STUDIES**

1. MASTER OF EDUCATION LEADERSHIP AND MANAGEMENT

2. MASTER OF MUSIC EDUCATION

3. MASTER OF BUSINESS ADMINISTRATION-GENERIC

4. MASTER OF BUSINESS STUDIES WITH EDUCATION

5. MASTER OF BUSINESS ADMINISTRATION-HR

- 6. MASTER OF BUSINESS ADMINISTRATION-ENTREPRENEURSHIP & INNOVATION
- 7. MASTER OF BUSINESS ADMINISTRATION-MARKETING
- 8. MSC IN PROCUREMENT AND SUPPLY CHAIN MANAGEMENT
- 9. MASTER OF EARLY CHILDHOOD EDUCATION
- 10. MASTER OF EDUCATION – PRIMARY EDUCATION
- 11. MASTER OF EDUCATION-APPLIED LINGUISTICS
- 12. MASTERS IN GENDER STUDIES
- 13. DOCTOR OF PHILOSOPHY (PhD)

**PERSONAL DETAILS**

**Surname:** .....**First name:** .....

**Other Names:**.....**Cell #:**.....

**Date of birth:** ..... **Nationality:** .....

**Sex (tick):** Male/Female

**E-mail Address:** .....

**NRC/Passport No.:** .....

**Marital Status (tick):**

Single – Married – Divorced – Widow – Widowed -
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**District:** \_\_\_\_\_ **Province** \_\_\_\_\_

**Address:** \_\_\_\_\_

**NEXT OF KIN**

**Name:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

***B. ACADEMIC QUALIFICATION: SCHOOL CERTIFICATE OR GCE RESULTS***

*Enter your results below starting with English (5-Olevels)*

<i>S/N</i>	<i>SUBJECTS</i>	<i>GRADE</i>
<i>1</i>		
<i>2</i>		
<i>3</i>		
<i>4</i>		
<i>5</i>		

### C. PROFESSIONAL QUALIFICATION

Write the Professional Qualification(s) and where obtained (Non-school levers only)

QUALIFICATION	WHERE OBTAINED	PERIOD

SPECIALISATION AT DEGREE: .....

### FOR PhD APPLICANTS ONLY:

AREA OF SPECIALISATION AT MASTERS: .....

.....

MASTERS DISSERTATION TITLE: .....

.....

.....

IN NOT MORE THAN 10 PAGES, ATTACH A MINI RESEARCH OUTLINE WITH THE FOLLOWING COMPONENTS.

1. Title
2. Summary of topic
3. Short literature review
4. Expected contribution of the study
5. Methodology to be followed
6. Availability of data
7. List of references
8. Reasons why you are interested in the topic (Motivation letter)

**N/B No application submitted without a detailed research outline will be considered.**

**Kindly submit your application as a single file**

**SPONSOR (Tick)**

Self:

Employer:

***APPLICATION PROCEDURE***

Send the filled in application form together with the certified copies of the NRC, academic and professional certificates and transcripts, and the original deposit slip of K200 bearing your full names to Chalimbana University.

***The Registrar,  
Chalimbana University,  
Private Bag E 1, Lusaka.***

Bank details for depositing the application fee of **K200.00**;

Account Name: Chalimbana University  
Bank: Atlasmara (Finance) Bank  
Branch: Chongwe  
Account Number: 0385815136013

Account Name : Chalimbana University  
Bank : ZANACO  
Branch : Lusaka Centre  
Account Number : 0452874300117

**Declaration**

***I declare that my personal information submitted is correct and that my names appear in the same order as on my NRC. I fully understand that should this information that I have given to the institution turn out to be false, my candidature will be withdrawn.***

Signature: ..... Date:.....