



CITIZEN UNIVERSITY

Lusaka Campus

Shoprite Building
Cairo Road, Lusaka
0977 410530, 0966 290500
0978 629093

Chingola Campus

Former Agape International
School, River Side, Chingola
0966 290500, 0978 629093
0972 350004

Kasama Campus

Plot No. 736
Central Town, Kasama
0966 290500, 0977 410530
0953 518013, 0963 516150

Solwezi Admission Office

Plot No. 110059
Solwezi Urban Area
0966 290500, 0977 410530
0967 811280

Lusaka Campus

ZANACO A/c No. 5352478500122

Chingola Campus

ZANACO A/c No. 5352478500324

Kasama Campus

ZANACO A/c No. 5352478500425

Solwezi Admission

ZANACO A/c No. 5352478500324

STUDENT APPLICATION FORM

READ THE APPLICATION INSTRUCTIONS BEFORE FILLING IN YOUR PERSONAL DETAILS
.COMPLETE ALL THE SECTIONS IN BLOCK LETTERS AND RETURN IT TO THE
REGISTRAR'S OFFICE.

SURNAME	OTHER NAMES
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(Note that only names that appear on your academic documents should be entered)

Town	Country
Cellphone	Email

Personal information (Tick the appropriate box where applicable)

Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth DD/MM/YY	Country of birth
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For non Zambians

Country of Citizenship

I PLAN TO RESIDE

ON CAMPUS	<input type="checkbox"/>	AT HOME	<input type="checkbox"/>	OFF CAMPUS	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
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If you decide to live on campus apply for accommodation and confirm available of space prior to making payment.

EDUCATION

Please list all school, colleges or universities you have attended in the following attach an extra loose paper if necessary.

ACADEMIC YEARS FROM - TO	SECONDARY SCHOOL ATTENDED	LOCATION TOWN/CITY	NO. OF YEARS SPENT	PROGRAMME OF STUDY	QUALIFICATION

PARENTS/GUARDIANS

NAME:	OCCUPATION
ADDRESS:	PHONE NUMBER:

WORK EXPERIENCE OR COMMUNITY

Marital Status

Are you a permanent resident of Zambia

Yes

No

IF YES PROVIDE A COPY OF YOUR RESIDENT PERMIT/CERTIFICATE OR ANY OTHER PROOF. ATTACH A COPY TO THIS APPLICATION FORM. IF NOT AVAILABLE , YOU WILL BE REQUIRED TO APPLY FOR A STUDENT PERMIT ONCE YOU ARRIVE AT THE INSTITUTION

EMPLOYMENT INFORMATION IF APPLICABLE

NAME OF COMPANY :

POSITION:

ADDRESS:

TELEPHONE NUMBER:

PROGRAMME /COURSE OF STUDY REQUIRED

SESSION: (Tick the appropriate Box)

FULL TIME DISTANCE LEARNING PART-TIME

HAVE YOU PREVIOUSLY APPLIED TO C.U

Yes

No

IF YES WHICH YEAR AND PROGRAMME	YEAR	PROGRAMME

STATISTICAL INFORMATION

This information will be used for statistical purpose only and will in no way affect the admission decision. Completion of this section is not mandatory. However, the data collected will help the institution in its planning. Your provision of this data will be highly appreciated.

NONE LEAVING MOBILITY SIGHT LEAVING OTHERS

How did you learn about Citizen University (C.U)

INSTITUTION GUIDE T.V ADVERT NEWSPAPER ADVERT

WORD OF MOUTH INTERNET OTHER SPECIFY

Please list the name, address or Email address of anyone you would like to receive C.U information.

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

ATTESTATION

SPONSOR

I hereby certify that information given in this form is correct to the best of my knowledge and give permission to the admissions committee to obtain any verification deemed necessary to process my application. I understand that all fees paid to the institution are non-refundable under any circumstances.

SIGNATURE: _____ DATE: _____

FORM NO..... RECEIPT NO.....

ADMISSION PROCEDURES

An application should be completed and returned to Citizen University accompanied by the deposit and application form fees totaling ZMK 150.00 [non-refundable]. Since your admission will be dependent on the information available on the application form, it is important that you answer fully the questions there on. Once accepted, a payment of tuition fees becomes due immediately. [Please refer to schedules of fees enclosed] Upon receipt of your bank deposit slip payment, a place will be booked for you on the course and a letter of confirmation of enrolment will be sent to you. Tuition fees for any course don't include the cost of maintenance, books and other materials. Students will be allowed to change from one course to another within 2 weeks of enrolment and commencement of the course. To activate and authorize the transfer, the student must fill out and sign the course transfer notification for m.

Transfer of courses after 2 weeks will require authorization of the dean of relevant school.

Approved by: Date of Admission:

[Signature: Enrolment officer]