



ADMISSIONS OFFICE

Stand No. 3073, Foxdale at the Corner of Zambezi Road and Mutumbi Road
Lusaka, Zambia

Phone: +260 211292292 | +260 211292299

WhatsApp: +260 770359518

Email: admissions@lsuczm.com **Website:** www.lsuczm.com

APPLICATION FOR ADMISSION 2024

OFFICIAL USE ONLY RECEIPT No. _____

INSTRUCTIONS

- Please read through the form carefully before filling it in.
- Application Fee – **K100 (Local), USD7 (Foreign)** for Undergraduate and **K100 (Local), USD4 (Foreign)** for Diploma, Certificate Free.
- Provide information where appropriate.
- Attach all supporting documents (i.e. Grade 12 results, NRC and or qualifications)
- Applications must be sent to the above address.
- Please write in block letters and mark with an “X“ where appropriate e.g. [x]

PASSPORT
SIZE
PHOTO

***NOTE: GRADE 12 RESULTS, NRC, CERTIFICATES SHOULD BE CERTIFIED COPIES
APPLICATION FEE IS NON-REFUNDABLE***

Indicate by a mark (X) the qualification you wish to apply for

Undergraduate

Diploma

Certificate

PROGRAMME INFORMATION

Programme Applied for:

Second Choice:

Intake: January [] March [] June [] July [] October []

Mode Of Study: Full-Time [] Part-time [] Distance []

Category: School Leaver [] Non-School Leaver []

PERSONAL INFORMATION

**Please fill in your names as they appear on your NRC/Passport*

Surname:

Other Names.....

Sex: Male [] Female []

Date of Birth: ____/____/____ Marital Status: Married [] Single []

Nationality:

National Registration Card

(NRC)No.....

If Non- Zambian, Passport No:

.....

CONTACT DETAILS

**Ensure that the email listed is reliable. All correspondence will be made to the listed email*

Phone Number:

Alternative Number:

Email Address:
.....

Postal Address:
.....

Residential Address:
.....

NEXT OF KIN

Full Names:

Phone Number:

Alternative Number:

Email Address:
.....

Postal Address:
.....

Residential Address:
.....

ACADEMIC BACKGROUND

Attach certified copies of Transcripts and certificates

Previous Educational Institution Attended (Secondary & University/ College)	From	To	Qualification Obtained
1			
2			

PERSONAL BRIEF

In what ways do you feel the programme of study will affect your personal and career development?

.....
.....
.....

Do you have any permanent injury, illness or disability which may affect your ability to study?

Yes [] No [].

If yes, please describe the nature of your injury, illness or disability.

.....
.....

APPLICATION FORM CHECKLIST FOR APPLICANTS [x]	EXEMPTION REQUEST
1. High School Certificate/Statement of results [] 2. National Registration Card/Passport/Drivers License [] 3. Attach two (2) Passport Sized Photo [] 4. Application form completely filled out accurately [] 5. Payment for application form attached (<i>Deposit Slip</i>) []	YES [] NO [] If yes, kindly refer to the exemptions request form

Note: Applicants should ensure that this form is complete and all the required attachments are submitted. Incomplete application forms will not be processed.

DECLARATION

I certify that the information given in this application and supporting documents is accurate and complete. I understand that the **Lusaka South University College** reserves the right to reverse any offer of admission made on the basis of inaccurate information.

Applicant Signature _____

Date _____