



## APPLICATION FOR ADMISSION

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) .
- Please write in block letters and mark with an "X" where appropriate e.g. [x]

***NOTE: APPLICATION FEE IS NON-REFUNDABLE***

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

Undergraduate/Degree

Diploma

Certificate

### PROGRAMME INFORMATION

**Programme Applied for:** (Refer to our catalog for programmes on offer or visit our website [www.lsuczm.com](http://www.lsuczm.com))

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

**Mode of Study:** Full-Time [ ]      Part-time/Online [ ]      Distance [ ]

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

### REGISTRAR'S 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](mailto:admissions@lsuczm.com) Website: [www.lsuczm.com](http://www.lsuczm.com)

**PERSONAL INFORMATION**

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

Surname..... First Names.....

Gender: Male [ ] Female [ ]

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status: Married [ ] Single [ ]

Nationality: .....

National Registration Card (NRC)No.....

If Non- Zambian, Passport No: .....

Phone No.....Alternative Phone No.....

Email Address.....

Residential Address.....

**NEXT OF KIN**

Full Names: .....

Phone Number: .....

Residential Address: .....

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.

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| APPLICATION FORM CHECKLIST FOR APPLICANTS [x]                        | EXEMPTION REQUEST                                   |
|--|---|
| 1. High School Certificate/Statement of results [ ]                  | YES [ ] NO [ ]                                      |
| 2. National Registration Card / Passport [ ]                         |   |
| 3. Payment for application form attached ( <i>Deposit Slip</i> ) [ ] | If yes, kindly refer to the exemptions request form |

**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 \_\_\_\_\_

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