



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)**
- 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

<input type="checkbox"/>	Undergraduate/Degree	<input type="checkbox"/>	Diploma	<input type="checkbox"/>	Certificate
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PROGRAMME INFORMATION

Programme Applied for: (Refer to our catalog for programmes on offer or visit our website 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 Website: 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:

<p>APPLICATION FORM CHECKLIST FOR APPLICANTS [x]</p> <ol style="list-style-type: none"> 1. High School Certificate/Statement of results [] 2. National Registration Card / Passport [] 3. Payment for application form attached (<i>Deposit Slip</i>) [] 	<p>EXEMPTION REQUEST</p> <p>YES [] NO []</p> <p>If yes, kindly refer to the exemptions request form</p>
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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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