

Application Fee -K150.00 or US \$ 60.00 (non -refundable)
For international applicants

OFFICIAL USE ONLY



THE UNIVERSITY OF ZAMBIA
PO BOX 32379
LUSAKA
www.unza.zm

Receipt Number	
Date Bought	
Received By	
Date	

APPLICATION FOR 2025 INTAKE TO FIRST DEGREE OR DIPLOMA PROGRAMMES

<p>OFFICIAL USE ONLY CANDIDATE'S APPLICATION NO. (New Applicant)</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					<p>*Former UNZA students, indicate previous computer No. STUDENT'S COMPUTER NO.</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				

1. PERSONAL DETAILS

SURNAME																			
FORENAME (S)																			
NRC																			
PASSPORT NO. (for non-Zambians)																			
DATE OF BIRTH	D	D		M	M		Y	E	A	R	eg. 31 /01/ 2005								
NATIONALITY										SEX									
MOBILE NO.																			
E-MAIL																			
DISABILITY STATUS	Kindly check 'YES' if you are a person living with a disability. Indicate the nature of the disability.																		
	YES: <input type="checkbox"/>			NATURE: <input type="text"/>															

2. Address Details

RESIDENTIAL ADDRESS:																		
POSTAL ADDRESS																		
NEXT OF KIN (NAME AND PHONE NUMBER)																		

3. Education

EXAM NUMBER		YEAR OF COMPLETION	
NAME OF HIGH SCHOOL			

4. Program Choice

1st CHOICE	
2nd CHOICE	
3rd CHOICE	

I understand that UNZA reserves the right to withdraw admission if it is found out that any of the documents used to gain admission are not genuine.

SIGNATURE OF APPLICANT

DATE

REQUIRED

- Certified copy of Grade 12 results (Certification must be done at Examinations Council of Zambia (ECZ) only for all local applicants)
- Certified Copy of NRC
- UNZA issued receipt (On submission on your application, ensure you are issued with an UNZA receipt)
- Disability Certificate (applicable to applicants with disabilities)
- Personnel data form (applicable to the University of Zambia members of staff and their dependents only)

INFORMATION ON COURSES AVAILABLE CAN BE OBTAINED FROM:

<https://www.unza.zm/how-apply>

CLOSING DEADLINE FOR UNDERGRADUATE APPLICATIONS FOR THE 2025 INTAKE	26.07.2024
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BANK DETAILS FOR DEPOSITING THE APPLICATION FEE

BANK NAME	STANDARD CHARTERED	ZANACO
ACCOUNT NUMBER	0100110273800	0306506302182
BANK SWIFT CODE	SCBLZMLXXX	ZNCOZMLUXXX
ACCOUNT NAME	UNZA REGISTRAR'S DEPARTMENT	

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PROCESSED BY	
PROCESSING DATE	
VERIFIED BY	