

Attach

Passport Size Phototograph

**NUL Undergraduate Application Form**

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| The Application Form consists of five sections (A, B, C, D and E)  Applicants are strongly advised to read the information booklet before completing the application form  *Completed forms must be submitted to the Admissions office on or before 28th March 2019*  Completed forms must be accompanied by:   1. An application fee of M320.00 (Local Students), M420-00 (International Students) payed into Standard Lesotho Bank 9080001407356 and attach a copy of the confirmation slip. 2. 2 Academic Reference forms bearing stamp of previous school. 3. Certified copy of passport or ID or any form of Identification showing biographical data & expiry date. 4. Verified and certified copies of Educational Certificates/transcripts excluding PSLE and JC Certificates. 5. Evaluation or Conversion certificate from Examination Council of Lesotho (Ecol) for Matriculates. Any other foreign internationals who sat for GCSE e.g. LGCSE, IGCSE or equivalent do not need to evaluate.   For Office use only:  Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Receipt Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| (A)Personal Information | | | | | | | | | | | | | | | | | | | | |
| **Names** | **First Name:** | | | | | | | | | | **Middle Name:** | | | | | **Surname:** | | | | |
| **Maiden Name:** | | | |  | | | | | | | | **Date of Birth D/ M/ Y/** | | | | | | | | |
| **Sex :** | | **Male** | | | | | **Female** | | | | **Marital Status: Single Married Widowed Divorced Separated** | | | | | | | | | |
| **Citizenship:** | |  | | | | | **Country of Origin:** | | | | | |  | | | | | **ID/Passport No:** |  | |
| **Home Address/Physical Address** | | | | | | | | | | | | **Correspondence Address/ Postal Address** | | | | | | | | |
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| **Tel Number:** | | | | | | | | | | | | **Tel Number:** | | | | | | | | |
| **Mobile:** | | | | | | | | | | | | **Work** | | | | | | | | |
| **Email :** | | | | | | | | | | | | **Email :** | | | | | | | | |
| **Next of Kin** | | | **Names** | |  | | | | | | | | | | | | | **Relationship:** | |  |
| **Next of Kin Address** | | | | | | | | | | | | | | | | | | | | |
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| **Tel: Fax: Mobile Email Address** | | | | | | | | | | | | | | | | | | | | |
| **Do you have any physical disabilities? Yes No If yes , state precisely the nature of the disability and needs** | | | | | | | | | | | | | | | | | | | | |
| 1. **Disability** 2. **Needs** | | | | | | | | **Visual, Hearing, Physical impairment. Other , specify**  **Describe Needs** | | | | | | | | | |  | | |
| **(B) Academic Information** | | | | | | | | | | | | | | | | | | | | |
| |  | | --- | |  |   **Give Name of your qualifying Examination(COSC , LGCSE, National Senior Certificate, Matriculation, or Other)**  **If qualification is COSC, please provide:** | | | | | | | | | | | | | | | | | | | | |
| **Division & Class obtained:** | | | | | | | | | |  | | | | | | | | | | |
| **Aggregate :** | | | | | | | | | |  | | | | | | | | | | |
| **If qualification is LGCSE, please provide:** | | | | | | | | | | | | | | | | | | | | |
| **Admission Point Score** | | | | | | | | |  | | | | | | | | | | | |
| Attach verified copies (e.g. by Examinations Council of Lesotho – ECOL) of the results or Transcript of Academic record, Certificate of Good conduct from the Registrar of the University/College last attended.  **Students who graduated from**  **the Institute of Extra – Mural Studies (IEMS) are exempted to provide certificate of good conduct** | | | | | | | | | | | | | | | | | | | | |
| **(Tick the appropriate box) I am applying for** | | | | | | | | | | | | | | | | | | | | |
| **Cert** | | **Dip** | | | | **Degree** | | | | | **LLB2yrs** | | **LLB3yrs** | | **LLB5yrs** | | | | **Post Grad** | |
| **Program applied for** | | | | | | | | | | | | | | | | | | | | |
| **1st Choice:** | | | | | | | | | | | | | | | | | | | | |
| **2nd Choice:** | | | | | | | | | | | | | | | | | | | | |
| **Have you attended this University before? ( PIUS X11, UBBS or UBLS) Yes No** | | | | | | | | | | | | | | | | | | | | |
| **If yes, give Student Number & year of study**  **State:** | | | | | | | | | | | | | | **Student No:** | | | **Year of study:** | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Year from : (Year)To (Year of graduation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | |
| (C) To be completed by Applicants with Additional Post-Secondary Qualifications:Co-applicant Employment Information | | | | | | | | | | | | | | | | | | | | |
| **Name of College/university/institute** | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | | | | | | | | | | |
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| **Fax:** | | | | | | | | | | | | | | | | | | | | |
| **ZIP Code:** | | | | | | | | | | | | | | | | | | | | |
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| **Program of study :** | | | | | | | | | | | | | | | | | | | | |
| **Date: From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(year)to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(year/date of graduation)** | | | | | | | | | | | | | | | | | | | | |
| **Class/Division or result if applicable:** | | | | | | | | | | | | | | | | | | | | |
| ***N.B: Certified copies of transcripts of academic record must be attached. Applications without certified copies of academic record will not be considered.*** | | | | | | | | | | | | | | | | | | | | |
| (**D) Names, Occupations and Addresses of two Referees** | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | | | | **Name:** | | | | | | | | |
| **Occupation:** | | | | | | | | | | | | **Occupation:** | | | | | | | | |
| **Address** | | | | | | | | | | | | **Address:** | | | | | | | | |
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| **Tel (H): Tel (W):** | | | | | | | | | | | | **Tel (H): Tel (W):** | | | | | | | | |
| **Fax (H) Fax(W)** | | | | | | | | | | | | **Fax (H) Fax(W)** | | | | | | | | |
| **(E) SPONSORSHIP** | | | | | | | | | | | | | | | | | | | | |
| **Please note that your admission is not tied to your scholarship and that the University does not run Bursary Scheme for Students** | | | | | | | | | | | | | | | | | | | | |
| **If you are under 21, your parent or guardian must declare as follows**  **“ I hold myself responsible for the payment of the full amount of fees and disbursements to be charged by the University in respect of each year for which my Son/Daughter/Ward/Myself will be registered as a student of the University”** | | | | | | | | | | | | | | | | | | | | |
| **Name…………………………………………………………………………..**  **Signature……………………………………………………………………..**  **Date……………………………………………………………………………** | | | | | | | | | | | | | | | | | | | | |
| **Declaration by Applicant**  **“I declare that all the above information is correct and true to the best of my knowledge. If admitted at the University, I undertake to conform to the rules and regulations of the University”**  **Signature ………………………………………….**  **Date………………………………………………….** | | | | | | | | | | | | | | | | | | | | |
| **Completed Application forms should be addressed to:**  **The Admission Secretary**  **The National University of Lesotho**  **P O Roma 180**  **Lesotho**  **Southern Africa**  **Tel +266 22340601/52213809/52213809/52213846/47** | | | | | | | | | | | | | | | | | | | | |