

PLACE PHOTO HERE

# NATIONAL UNIVERSITY OF LESOTHO



## APPLICATION FOR ADMISSION: POSTGRADUATE STUDIES

**SUBMIT THIS FORM TO THE ADMISSIONS OFFICE ON OR BEFORE 31<sup>st</sup> JULY 2017**

PLEASE NOTE THE FOLLOWING:

- This form must be accompanied by a *non-refundable application* fee of M300.00 (local) M400.00 (non-local). Banking Details: Standard Lesotho Bank – 9080001407356
- Attach certified copy of passport or identity document showing biographical data and expiry date.
- Attach certified copies of educational certificates and transcripts (excluding Std 7, JC and COSC)
- Attach CV and Motivational letter (not exceeding 500 words).
- Attach (2) completed, confidential and sealed reference forms.
- Form must be completed using capital letters.

### FOR OFFICE USE ONLY:

Student Number:

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Receipt Number:.....

TICK IN THE APPROPRIATE BOX : PGD ☐ PGDE ☐ HONOURS ☐ MASTERS ☐ PHD ☐

QUALIFICATION APPLIED FOR.....

FACULTY.....

### A. PERSONAL INFORMATION

SURNAME:			
FULL NAMES:			
TITLE:		GENDER:	
ID OR PASSPORT NUMBER:		MARITAL STATUS:	
DATE OF BIRTH:		CITIZENSHIP:	
POSTAL ADDRESS/ CORRESPONDENCE ADDRESS:			
EMAIL ADDRESS:		CELLPHONE NUMBER:	
HOME ADDRESS/ PHYSICAL ADDRESS:			
NAME OF NEXT OF KIN:		RELATIONSHIP:	
CELLPHONE NUMBER:		Email ADDRESS	

**B. ACADEMIC INFORMATION**

- Have you been registered as a student at this University /PIUS X11,UBBS or UBLS Yes ☐ No ☐
- If yes, provide student number 

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HIGHEST QUALIFICATION:

INSTITUTION WHERE ABOVE WAS OBTAINED:

YEARS ATTENDED: FROM.....(YEAR)

TO:.....(YEAR)

CLASS DIVISION OBTAINED:

***THE SECTION BELOW SHOULD ONLY BE FILLED BY APPLICANTS IN THE FACULTY OF EDUCATION***

ACADEMIC MAJORS: 1.

2.

**C. POST – SCHOOL ACTIVITIES***IF YOU ARE EMPLOYED PLEASE COMPLETE THE FOLLOWING:*

1. NAME OF COMPANY/INSTITUTION:

2. POSITION HELD:

3. ADDRESS OF COMPANY/ INSTITUTION:

4. CELLPHONE/TELEPHONE NUMBER:

**D. MEDICAL INFORMATION**

DO YOU HAVE ANY DISABILITY, PHYSICAL OR OTHERWISE?

YES ☐ NO ☐

IF YES, PLEASE STATE THE NATURE OF THE DISABILITY:

NEEDS:

**E. FUNDING OF STUDIES**

HOW DO YOU PROPOSE TO FINANCE YOUR STUDIES?

***NOTE: A REGISTERED STUDENT IS RESPONSIBLE FOR PAYMENT OF ALL FEES.***

**F. NAMES, OCCUPATIONS & ADRESSES OF TWO REFEREES**

1. FULL NAMES:

OCCUPATION:

ADDRESS:

CONTACTS:

E-MAIL ADDRESS:

2. FULL NAMES:

OCCUPATION:

ADDRESS:

CONTACTS:

E-MAIL ADDRESS:

**G. DECLARATION BY APPLICANT**

"I declare that all the above information is correct and true to the best of my knowledge and the University shall be entitled to declare the contract void and cancel my registration if I have made any misrepresentation or omission on this application. If admitted to the University, I undertake to conform to the rules and regulations of the University."

Signature of Applicant

Date

**Completed application forms should be addressed to:**

***The Admissions Secretary***

***The National University of Lesotho***

***P. O. Roma 180***

***Lesotho***

***Southern Africa***

***Tel:*** +266 22340601/ 52213815/52213809 ***Fax:*** 22340000 ***E- mail Address:*** admissions@nul.ls