

2019/2020 POSTGRADUATE APPLICATION FORM

PLEASE NOTE THE FOLLOWING WHEN COMPLETING THE APPLICATION FORM

PLACE YOUR
PASSPORT SIZE
PHOTO HERE

- This form must be accompanied by a non-refundable application fee of M420.00 (local) M520.00 (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, J.C and C.O.S.C)
- Attach CV and Motivational letter (not exceeding 500 words).
- Attach (2) completed, confidential and sealed reference forms.
- Form must be completed using capital letters.
- Applications should be submitted to Post Graduate Office before 31st July 2019.



National University
of Lesotho

FOR OFFICE USE ONLY

STUDENT NUMBER									
RECEIPT NUMBER									

TICK IN THE APPROPRIATE BOX

PGD		PGDE		HONOURS		MASTERS		PHD	
QUALIFICATION APPLIED FOR									
FACULTY									

SECTION A

PERSONAL INFORMATION

SURNAME					
FULL NAMES					
TITLE					
PASSPORT NUMBER OR ID NUMBER					
DATE OF BIRTH					
GENDER	MALE			FEMALE	
MARITAL STATUS					
CITIZENSHIP					

SECTION B

CONTACT INFORMATION

CELL PHONE NUMBER	
EMAIL ADDRESS	
PHYSICAL ADDRESS	
POSTAL ADDRESS	

NEXT OF KIN	
RELATIONSHIP	
CELL PHONE NUMBER	
EMAIL ADDRESS	

SECTION C		ACADEMIC INFORMATION									
Have you registered as a student at NUL / PIUS XII, UBBS, or UBLS?						YES			NO		
If YES, provide student number											
HIGHEST QUALIFICATION											
INSTITUTION WHERE QUALIFICATION WAS OBTAINED											
YEAR ATTENDED		FROM						TO			
CLASS DIVISION OBTAINED											
ACADEMIC MAJORS											
1.											
2.											

SECTION D		POST-SCHOOL ACTIVITIES									
IF YOU ARE EMPLOYED, PLEASE COMPLETE THE FOLLOWING											
1. NAME OF COMPANY											
2. POSITION HELD											
3. COMPANY ADDRESS											
4. CELL PHONE NUMBER											
5. TELEPHONE NUMBER											

SECTION E		MEDICAL INFORMATION									
Do you have any disability? Physical or otherwise?						YES			NO		
If YES, please state the nature of the disability.											
Do you have any special needs?						YES			NO		
If YES, please state those needs.											

SECTION F**FUNDING OF STUDIES**

N.B. A registered student is responsible for payment of all fees

How do you propose to fund your studies?

SECTION G**REFERENCES**

First Referee

FULL NAMES	
OCCUPATION	
ADDRESS	
CELL PHONE NUMBER	
EMAIL ADDRESS	

Second Referee

FULL NAMES	
OCCUPATION	
ADDRESS	
CELL PHONE NUMBER	
EMAIL ADDRESS	

SECTION H**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

DATE

Completed application forms should be submitted to
Postgraduate Studies Office
The National University of Lesotho
P. O. Roma 180
Lesotho
Southern Africa

Tel. +266 2234 0301 / +266 5221 3815 / +266 5221 3815
Email. postgraduatestudies@nul.com
Fax. +266 2234 0000