

SECTION A

PERSONAL INFORMATION:

1. SURNAME: _____
2. OTHER NAMES: _____

3. MAIDEN NAME: _____
4. SEX: *(Tick the appropriate response)*
MALE: FEMALE:
5. MARITAL STATUS: *(Tick the appropriate response)*
SINGLE MARRIED WIDOWED
DIVORCED SEPARATED
6. DATE OF BIRTH: DAY _____ MONTH _____ YEAR _____
7. CITIZENSHIP (Country): _____
8. IDENTIFICATION/PASSPORT NUMBER: _____
9. HOME ADDRESS:(**AP**) _____

- CORRESPONDENCE ADDRESS: (**PA**) _____

- TEL (H): _____ TEL (WORK): _____
- CELLNUMBER: _____ E-MAIL ADDRESS _____

10. NEXT OF KIN'S NAME: _____
11. RELATIONSHIP: _____
12. ADDRESS: _____

- TEL: _____ FAX: _____
- CELL NUMBER: _____ E-MAIL ADDRESS: _____

SECTION B

ACADEMIC INFORMATION:

13. I AM APPLYING FOR: CERTIFICATE, DIPLOMA, DEGREE, LLB Yr2, LLB Yr3, LLB Yr5, *(Tick the appropriate one)*
 14. PROGRAMME APPLIED FOR:
1ST CHOICE: _____
2ND CHOICE: _____
 15. INTENDED OCCUPATION AFTER UNIVERSITY STUDIES:

 16. (a) HAVE YOU ATTENDED THIS UNIVERSITY BEFORE OR ONE OF ITS PREDECESSORS? (PIUS XII, UBBS OR UBLS):

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(b) IF SO, GIVE REGISTRATION NUMBER:

(c) IN WHICH PROGRAMME WERE YOU?

(d) IN WHICH YEAR OF STUDY (1ST, 2ND, 3RD) WERE YOU WHEN YOU LEFT THE UNIVERSITY? _____

(e) IN WHICH YEAR (1990/1991) DID YOU LEAVE? _____

17. LAST HIGH SCHOOL ATTENDED:

NAME: _____

18. ADDRESS: _____

19. DATE: FROM _____ (YEAR) TO _____ (YEAR)

20. GIVE NAME OF YOUR QUALIFYING EXAMINATION (COSC, National Senior Certificate, Matriculation, other): _____

21. DIVISION/CLASS OBTAINED: _____

AGGREGATE: _____

Attach Certified copies of results

Transcripts of academic record
Certificate of good conduct from the Registrar of the university/college last attended.
(IEMS students are exempted to provide certificate of good conduct.

SECTION C

TO BE COMPLETED BY APPLICANTS WITH ADDITIONAL QUALIFICATIONS i.e. POST SECONDARY QUALIFICATIONS.

N.B. APPLICANTS WITH ONLY HIGH SCHOOL QUALIFICATIONS MUST GO DIRECTLY TO SECTION D.

22. WHICH SCHOOL/COLLEGE/UNIVERSITY DID YOU ATTEND?

NAME: _____

23. ADDRESS: _____

24. DATE: FROM _____ (YEAR) TO _____ (YEAR)

25. NAME OF PROGRAMME OF STUDY UNDERTAKEN:

26. CLASS/DIVISION OR RESULT (IF APPLICABLE) _____

27. RESULTS BY SUBJECT (CERTIFIED COPIES OF TRANSCRIPTS OF ACADEMIC RECORD MUST BE ATTACHED. IN ADDITION, A CERTIFICATE OF GOOD CONDUCT FROM THE REGISTRAR OF THE UNIVERSITY/COLLEGE LAST ATTENDED MUST BE SENT DIRECTLY TO THE ADMISSIONS SECRETARY.

SECTION D

28. NAMES, OCCUPATIONS AND ADDRESSES OF TWO REFEREES

1. NAME: _____

OCCUPATION: _____

ADDRESS: _____

TEL : _____ (H) _____ (W)

FAX : _____ (H) _____ (W)

NAME: _____

OCCUPATION: _____

ADDRESS: _____

TEL : _____ (H) _____ (W)

FAX : _____ (H) _____ (W)

29. DO YOU HAVE ANY PHYSICAL DISABILITIES?

NO. YES

30. IF SO, STATE PRECISELY THE NATURE OF THE DISABILITY AND SPECIAL FACILITIES YOU NEED:

31. DO YOU HOLD A SCHOLARSHIP FOR THE COURSE OF STUDY YOU ARE APPLYING FOR? _____

(a) IF YES, WHO IS THE SPONSOR? (NAME): _____

(b) IF NOT, HOW DO YOU PROPOSE TO PAY THE FEES?

32. IN THE EVENT THAT YOU DO NOT OBTAIN A SCHOLARSHIP, YOU OR YOUR GUARDIAN (IF YOU ARE UNDER 21) SHOULD 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: _____

33. LIST ALL DOCUMENTS ATTACHED TO THIS FORM:

1. _____
2. _____
3. _____
4. _____
5. _____

34. 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 ADMISSIONS SECRETARY
NATIONAL UNIVERSITY OF LESOTHO
P.O. ROMA 180
LESOTHO
SOUTHERN AFRICA**

NUL Vision

***Our vision is to be a leading African tertiary institution
for life-long learning and relevant research in order
to provide innovative solutions to societal needs.***

**Tel: (09266)-22340601/
22213835/36/
37/38/46/47
Fax: (09266) 22340000
e-mail : Admissions@nul.ls
www.nul.ls**

NATIONAL UNIVERSITY OF LESOTHO



APPLICATION FORM

*Attach
Passport Size
Photograph*

THE APPLICATION FORM:

- ❖ Must reach the admissions secretary **not later than 31st March**
- ❖ Be accompanied by an application fee of **M150.00** (Basotho) and **M300.00** (non-Basotho)
- ❖ A photocopy of passport showing biographical data and expiry date.
- ❖ Certified copies of relevant educational certificates.

READ THE INFORMATION SHEET BEFORE COMPLETING THIS FORM.

COMPLETE IN BLACK/BLUE PEN USING CAPITAL LETTERS.

For Office use only:

Student Name: -----

Receipt Number-----

Student Number -----