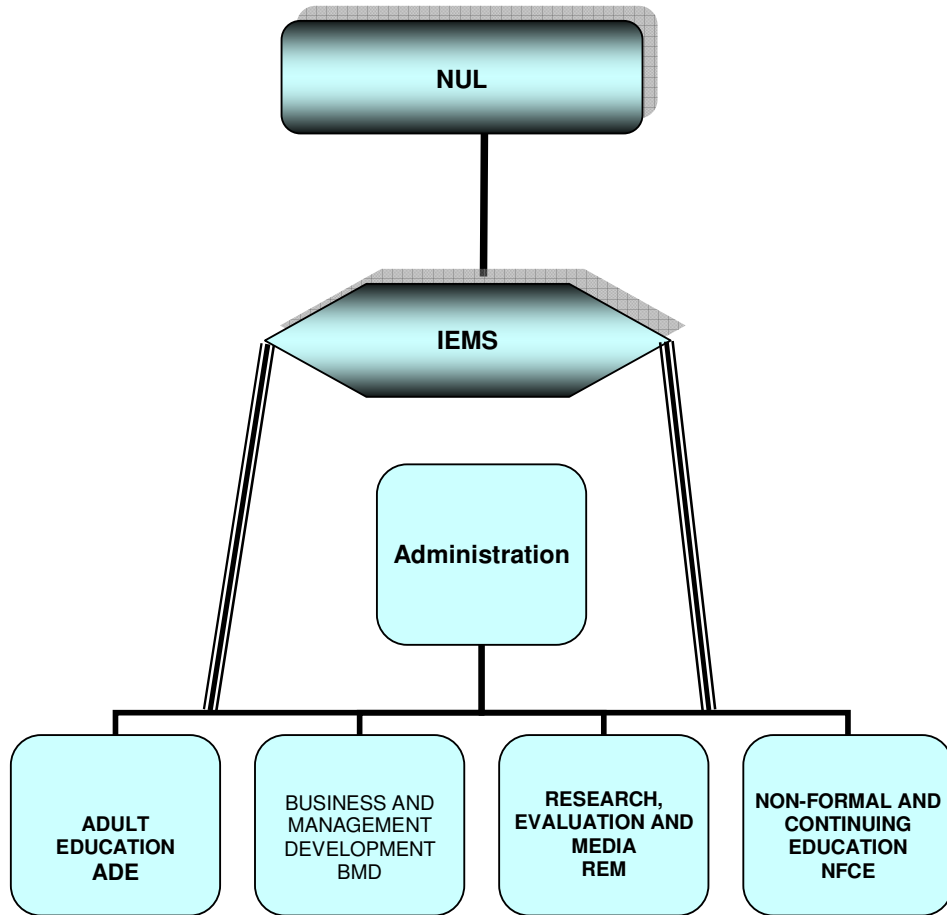


STRUCTURE OF THE INSTITUTE OF EXTRA MURAL STUDIES



28. LIST ALL CERTIFIED DOCUMENTS ATTACHED TO THIS FORM:

1.
2.
3.
4.
5.

29. DECLARATION BY APPLICANT:

"I DECLARE THAT ALL THE ABOVE INFORMATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AGREE THAT IF I AM ACCEPTED AT THE UNIVERSITY, I SHALL BE UNDER THE DISCIPLINARY CONTROL OF THE UNIVERSITY AUTHORITIES AND I UNDERTAKE TO CONFORM TO THE RULES AND REGULATIONS GOVERNING THE UNIVERSITY."

SIGNATURE: _____

DATE: _____

SECTION D

ADDITIONAL QUALIFICATIONS

NB: THIS SECTION SHOULD BE COMPLETED ONLY BY APPLICANTS WITH ADDITIONAL QUALIFICATIONS

APPLICANTS WITH ONLY HIGH SCHOOL QUALIFICATIONS NEED NOT COMPLETE THIS SECTION.

23. WHICH INSTITUTION/SCHOOL/COLLEGE/UNIVERSITY DID YOU ATTEND?

NAME OF INSTITUTION: _____

ADDRESS OF INSTITUTION: _____

24. TYPE OF PROGRAMME OF STUDY UNDERTAKEN :

SHORT COURSE LONG TERM TRAINING

25. DURATION OF COURSE: FROM _____ TO _____

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

27. RELEVANCE OF THIS TYPE OF TRAINING TO PROGRAMME APPLIED FOR (Explain):

NB: FOR 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 INSTITUTE/UNIVERSITY/COLLEGE LAST ATTENDED MUST BE SENT DIRECTLY TO THE ADMISSIONS SECRETARY.

SECTION A

PERSONAL INFORMATION:

1. SURNAME: _____

2. OTHER NAMES (in full): _____

3. MAIDEN NAME: _____

4. SEX: (*Tick the appropriate response*) MALE: FEMALE:

5. MARITAL STATUS: SINGLE MARRIED WIDOWED DIVORCED

6. DATE OF BIRTH (DD/MM/YY): _____ / _____ / _____

7. CITIZENSHIP (Country): _____

8. IDENTIFICATION/PASSPORT NUMBER: _____

HOME ADDRESS: _____

CORRESPONDENCE ADDRESS: _____

TEL (HOME): _____ TEL (WORK) _____

CELL NUMBER _____ E-MAIL ADDRESS: _____

9. NEXT OF KIN'S NAME: _____

10. RELATIONSHIP: _____

ADDRESS: _____

TEL(H) _____ TEL (W) _____

CELL NUMBER: _____ E-MAIL ADDRESS _____

SECTION B

ACADEMIC INFORMATION:

11. PROGRAMME APPLYING FOR: *(Tick the appropriate one)*
 DIPLOMA IN: ADULT EDUCATION MANAGEMENT MASS COMMUNICATION
 B.ED DEGREE
12. PROGRAMME APPLIED FOR:
 1ST CHOICE:
 2ND CHOICE:.....
13. INTENDED OCCUPATION AFTER UNIVERSITY STUDIES: _____

 (a) HAVE YOU ATTENDED THIS UNIVERSITY BEFORE ? NO YES
 (b) IF YES, WRITE YOUR STUDENT NUMBER: _____
 (c) IN WHICH PROGRAMME WE YOU? _____
 (d) IN WHICH YEAR OF STUDY (1ST, 2ND, 3RD) WERE YOU WHEN YOU LEFT THE UNIVERSITY?(INDICATE BY TICKING APPROPRIATE YEAR)
 (e) IN WHICH ACADEMIC YEAR DID YOU LEAVE? _____ / _____
14. NAME AND ADDRESS OF LAST HIGH SCHOOL ATTENDED: _____

15. FROM (YEAR): _____ TO _____
16. QUALIFYING EXAMINATION:
 (COSC, National Senior Certificate, Matriculation, Other):

17. DIVISION/CLASS OBTAINED: _____ AGGREGATE: _____

SECTION C

18. NAMES, OCCUPATIONS AND ADDRESSES OF TWO REFEREES

- NAME: MR./MRS/MS _____
 OCCUPATION: _____
 ADDRESS: _____
 TEL(H) _____ TEL(W) _____
 CELLPHONE _____ E-MAIL ADDRESS _____
- NAME: MR./MRS/MS _____
 OCCUPATION: _____
 ADDRESS: _____
 TEL(H) _____ TEL(W) _____
 CELLPHONE _____ E-MAIL ADDRESS _____
19. DO YOU HAVE ANY PHYSICAL DISABILITIES? NO YES
20. IF YES, STATE PRECISELY THE NATURE OF THE DISABILITY AND SPECIAL FACILITIES YOU NEED: _____

21. NAME OF SPONSOR (IF ANY) _____
22. DECLARATION BY YOU OR YOUR GUARDIAN (IF YOU ARE UNDER 21) IN THE EVENT THAT YOU DO NOT OBTAIN A SCHOLARSHIP:
 "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: _____



NATIONAL UNIVERSITY OF LESOTHO

INSTITUTE OF EXTRA MURAL STUDIES



APPLICATION FORM

Complete and return to:

Senior Assistant Registrar (IEMS)
Institute of Extra Mural Studies
Private Bag A47
Maseru 100
Lesotho
Southern Africa

**Attach
Passport-size
Photograph**

Please Note:

- Return completed form not later than 31st March
- Include application fee: local **M120,00 & non local M250,00**
- Attach certified copies of all educational certificates
- Attach copies of your passport showing biographical data and expiry date.

COMPLETE IN BLACK/BLUE PEN USING CAPITAL LETTERS.
READ THE INFORMATION SHEET BEFORE COMPLETING THE FORM.

Tel. +266 22322038

Fax. +266 222310433