



UNIVERSITY OF EDENBERG

P.O. Box: 37209, Stand No.7, Enock Kavu Road, Lusaka, Zambia
REGISTERED WITH HIGHER EDUCATION AUTHORITY (HEA) (Reg. No. HEA/079)

APPLICATION FOR ADMISSION

PROGRAMME INFORMATION

Programme of Study	:	<input type="checkbox"/> Certificate	<input type="checkbox"/> Diploma	Passport Size Photo	
		<input type="checkbox"/> Advanced Diploma	<input type="checkbox"/> Bachelor Degree		
Programme Applied for First Choice	:	<input type="text"/>			
Second Choice	:	<input type="text"/>			
Intake	:	<input type="checkbox"/> January	<input type="checkbox"/> April		<input type="checkbox"/> July
Year	:	<input type="checkbox"/> 2024	<input type="checkbox"/> 2025	<input type="checkbox"/> 2026	<input type="checkbox"/> 2027
Mode of Study	:	<input type="checkbox"/> Regular <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Term <input type="checkbox"/> Blended/E-Learning <input type="checkbox"/> ODeL			
Applicant Category	:	<input type="checkbox"/> School Leaver, If Other Specify <input type="text"/>			

SECTION1: PERSONAL INFORMATION

1.1 Title	:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Others									
1.2 First Name	:	<input type="text"/>												
Surname	:	<input type="text"/>												
Other Names	:	<input type="text"/>												
1.3 Gender	:	<input type="checkbox"/> Male	<input type="checkbox"/> Female											
1.4 Date of Birth	:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Age :	<input type="text"/>	<input type="text"/>		
1.5 Marital Status	:	<input type="checkbox"/> Single	<input type="checkbox"/> Married											
1.6 National Registration Card Number	:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>
Passport Details. (for Non-Zambians)	:	Passport No <input type="text"/>											Date of Issue <input type="text"/>	
		Expiry Date <input type="text"/>											Nationality <input type="text"/>	
1.7 Religious Affiliation	:	<input type="checkbox"/> Christian	<input type="checkbox"/> Islam	<input type="checkbox"/> Other	<input type="text"/>									
1.8 Denomination	:	<input type="text"/>												
1.9 Mobile No	:	<input type="text"/>												
1.10 E-mail Address	:	<input type="text"/>												

1.11 Do you have any permanent injury, illness or disability which may affect your ability to Study? Yes No

If Yes, please describe the nature of your injury, illness or disability.

1. Visibility 2. Mobility 3. Speech
 4. Hearing 5. Others

Give the details of disability if any of the above

SECTION 2: ADDRESS AND CONTACT DETAILS

Ensure that the email listed is reliable. All communication will be made to the listed email.

Phone No :

Alternate Phone No :

Email Address :

Postal address :

Residential Address :

NEXT OF KIN

Full Names :

Phone No :

Alternate Phone No :

Email Address :

Postal address :

Residential Address :

SECTION 3: ACADEMIC QUALIFICATION

3.1 List all High/Secondary/College/University Attended:

S.No	Previous Educational Institution Attended (Secondary & College /University)	From	To	Qualification Obtained
1.				
2.				
3.				
4.				

3.2 'O' Level or Equivalent Examination Passed and Grades attained in each Subject

Select Examination Body :

- Examination Council of Zambia
 Cambridge and London General Certificate of Education
 International General Certificate of Secondary Education (IGCSE)
 Other Specify

Subject	Grade	Office Use Only
		Subject Combination points

3.3 'A' Level Subjects (if Applicable)

Select Examination Body :

- Cambridge International Examinations (CIE)
 International General Certificate of Secondary Education (IGCSE)
 Other Specify

Subject	Grade	Office Use Only
		Subject Combination points

3.4 Other Certificates

S.No	Name of the University /College	From	To	Qualification Obtained
1.				
2.				
3.				
4.				

3.5 Are You Employed?

- Yes No

3.6 Employment Details (Attach CV)

S.No	Name of the Employer	Position Held	Period of Employment	Details
1.				
2.				
3.				

Applicant Form Checklist for Applicants

- 1. Grade 12 Certificate/Equivalent Statement of Results
- 2. National Registration Card / Passport / Driver's License
- 3. Attach two (2) Passport Sized Photo
- 4. Application Form completely filled out accurately
- 5. Payment for application form attached (Deposit Slip)

DECLARATION

I certify that the information given in this application and supporting documents are accurate and complete. I understand that the University of Edenberg reserves the right to reverse any offer of admission or expulsion from the university if discovered after enrolment made on the basis of inaccurate information. I agree and abide by the rules and regulations set forth by the University of Edenberg from time to time.

Signature:

Date:

NOTIFICATION OF ACCEPTANCE

If accepted, you will be notified in writing. No student should come to the University until he/she receives formal notification of acceptance. The acceptance letter will be sent using the same e-mail address that you provide in this application form.

STATISTICAL INFORMATION

Help us to know how you knew about University of Edenberg (Tick the appropriate options)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> TV Adverts | <input type="checkbox"/> University Staff | <input type="checkbox"/> Social Media | <input type="checkbox"/> Church Promotions |
| <input type="checkbox"/> University Website | <input type="checkbox"/> Radio Adverts | <input type="checkbox"/> Newspaper Adverts | <input type="checkbox"/> Friends |
| <input type="checkbox"/> On Spot Recruitment | <input type="checkbox"/> Others (Specify) | <input type="text"/> | |

BANK DETAILS FOR DEPOSITING THE APPLICATION FEE

Bank Name	Zanaco	Indo Zambia	Access
Account Name	University of Edenberg	University of Edenberg	Edenberg University Limited
Account Number	6006375500108	0142030000939	0120140000020
Branch	Manda Hill	Manda Hill	Garden
Sort Code	010078	090014	350012
Bank Swift Code	ZNCOZMLU	INZAZMLX	AZAMZMLU

Please return completed application form with all necessary attachments to:

**The Registrar, University of Edenberg
Ariyapatta - Campus for Women**
Stand No. 7, Enock Kavu Road,
P.O.Box: 37209, Lusaka, Zambia.
Ph.No:+260 779700804,+260 779 700050
Email Id: admission@ue.ac.zm
Website: www.ue.ac.zm

**The Registrar, University of Edenberg
Maslow Campus**
Stand No. 22866, Ibex Hill, Leopard's Hill
Road, P.O.Box: 37209, Lusaka, Zambia.
Ph.No:+260 779 700804,+260 779 700050
Email Id: admission@ue.ac.zm
Website: www.ue.ac.zm