



K150

EDEN UNIVERSITY
P.O BOX 37727
LUSAKA

TEL: 260-211-84 353 5/0965 166319/0975 564747/ 0955 388037

Email: edenprincipal@yahoo.co.uk

APPLICATION FOR ADMISSION TO A MASTER COURSE BY:

TICK APPROPRIATE PROGRAMME AND INTAKE

PROGRAMMES (DISTANCE_ONLY)

INTAKES

- ❖ MASTER OF BUSINESS ADMIN. (FINANCE & ACCOUNTING, MARKETING) APRIL AUGUST DECEMBER
- ❖ MASTER OF GUIDANCE AND COUNSELING APRIL AUGUST DECEMBER
- ❖ MASTER OF PUBLIC HEALTH APRIL AUGUST DECEMBER
- ❖ MASTER OF EDUCATION MANAGEMENT APRIL AUGUST DECEMBER
- ❖ MASTER OF EDUCATION (SPECIAL NEEDS EDUCATION) APRIL AUGUST DECEMBER
- ❖ MASTER OF EDUCATION (GEOGRAPHY) APRIL AUGUST DECEMBER
- ❖ MASTER OF EDUCATION (MATHEMATICS) APRIL AUGUST DECEMBER
- ❖ MASTER OF EDUCATION (CIVIC EDU.) APRIL AUGUST DECEMBER
- ❖ MASTER OF EDUCATION (R.E) APRIL AUGUST DECEMBER
- ❖ MASTER OF EDUCATION (HISTORY) APRIL AUGUST DECEMBER
- ❖ MASTER OF EDUCATION (ZAMBIAN LANGUAGES) APRIL AUGUST DECEMBER
- ❖ MASTER OF EDUCATION (EARLY CHILDHOOD) APRIL AUGUST DECEMBER

3. FULL NAMES (Surname, First Name and Middle Name) (each letter to be in a box)

Grid for full names: 26 empty boxes.

4. POSTAL BOX (Each letter or figure to be in a box)

Grid for postal box: 26 empty boxes.

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Grid for postal box: 26 empty boxes.

Other qualifications:

Principals' Comment:

5. From the **FIRST PAGE** please choose and indicate the programmes for which you wish to be considered in order of preference below.

First choice

Second choice

6. Sex: Male Female

Marital Status: Married Single Divorced Separated Widow

Date of Birth:

Nationality:

National Registration Card No. / /

OR

Passport No. for none Zambians:

7. Residential Address:

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8. Last Secondary /Institution Attended

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9. Name, Address and Telephone Number(s) of next of kin

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10. Your Telephone Number(s) if any: Business Telephone: Residential Telephone: Mobile /Cellular Phone: Email Address (if any).....

11. If you have been previously enrolled as a Student at Eden University. Indicate your:

Student /Computer Number:

Course:

Year Last Enrolled:

(Please attach a transcript of your last examination results if you have been previously enrolled at any University).

Are you currently engaged in any studies? Yes No

If yes, state the nature and type of studies and qualifications sought, including examining body.

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12. Do you have any physical or communication disabilities? Circle the number applicable.

- a. 1. Vision
- 2. Mobility
- 3. Speech
- 4. Hearing
- 5. Others

b. If you have any disability, give details

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13. (a) 'O' level or equivalent examinations passed and grades attained in each subject.

Subject	Grades	Names of Examination Board
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Enclose certified copy (ies) of statement(s) of results and certificates, application forms which are not accompanied with copies of statements of results will not be processed.

14. FILL THIS PART IF YOU ARE PRESENTLY EMPLOYED

- k) Type of Employment or Job:
- l) Name of Employer:
- m) Address of Employer:
- n) Period of Service:
- o) e. TS/Employee's Reference No:

15. How did you know about us??

Please tick your answer;

- Through a radio station
- From our posters/ flyers
- From our Zambian News Papers
- Through our television adverts
- From our billboards
- From one of our students

Signature of applicant: Date:

Note: All Diploma application forms are sold at K150. Application forms obtained from our website should be paid for in the Institutional A/c number: 0014932720004 Finance Bank Corporate Branch

Official Use Only
SCHOOL OF EDUCATION/HEALTH SCIENCES' RECOMMENDATION
Accept /Reject and Reasons for Rejection

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