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FOR OFFICE USE	the University Conoral Admission	20
FULL NAMES	HE OTHERSTLY GENERAL AUTHISSION	13
		Ī
FIELD		1
		1
LEVEL OF STUDY		1
		1
STUDENT NUMBER		1
SEMESTER & YEAR		ļ

Required Attachments

- Two Passport size photos
- Copy of ID
- High School Certificate
- Copies of Academic Transcripts
- Other helpful documents

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PART 1. PERSONAL AND FAMILY INFORMATION

1.	NAME (As on ID/Pa	assport)				
F	amily Name/Surnam	ne	First Name		Middle	
2.	Date of Birth			/	_ Nationality	
		Day	Month	Year		
3.	Gender	/ Female	Marital Status		/ Single	
	Male					
4.	Physical Address: Ho	use No		Road		
	Area		C	City		
	Country					
5.	Post Office Address:					
6.	Greenig Contact Details: Land	ht Univ	versity (jener (al Adm	nissions
	Mobile 2		E-Mail			
	Next of kin contact_					
7.	Religion:		Church	n Name		
8.	Emergency Contact I	Person				
	Relationship		Number_			

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PART 2: PROGRAM AND ACADEMIC INFORMATION

2.1.1	At which level	(Diploma, Bachelors, Honors, N	(Diploma, Bachelors, Honors, Masters, Phd)		
	e	n the above program, what is your second			
2.2 List the studies (if any) you have done before in the same area or related field.					
N0	Program	Specialization	Year		
1					
2					
3	Translight	University Conoral Admir	cciona		
3	Jieeiligii	University General Admis	5510113		
2.2.1 comn	Any other program and ir nunicate	nformation related to your previous studies you wish to			
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2.2.1 comn 	Any other program and in nunicate	nformation related to your previous studies you wish to	pplication)		

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2.5 Are you studying for degree purposes or non-degree purposes?							
2.6 Rate your English by choosing from the choices under the table and score yourself							
NO LEVEL	YOUR CHOICE	OUT OF 10					
1 SPEAKING/COMMUNICATION							
2 GENERAL WRITING							
3 FOR ACADEMIC PURPOSES							
(CHOICES: Excellent, Good, Average, Basic	c, None). Also you can submit TOEL, IELTS i	f you did take the					
any of these tests before.							
	, write a brief statement of purpose why y	ou want to					
undertake studies in the area you have ch	iosen.						
	arcity General Adm						
<u> </u>	LIBILY OCHCLOLAGII	113310113					
2.8 Are you in Employment							
2.9 Who will fund your studies? Self	/Sponsor/Employee_						
· ·							
Applicant Signature.							
Name	Signature						
Date							
Send this form to:							
Box 310172, Chelstone – Lusaka: Zambia							

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or scan clear copy to info@greenlightuniversity.org