

LUSAKA APEX
MEDICAL UNIVERSITY



Attach
Passport
photo x 2

APPLICATION FORM FOR ADMISSION

Note: Completed application form must be forwarded to the Registrar, Lusaka Apex Medical University, P.O. BOX 31909, LUSAKA, ZAMBIA.

FOR OFFICIAL USE ONLY:

Name:

- Master's degree
- Bachelor's degree
- Diploma
- Pre-Medical Programme
- Local Student
- International Student

SPECIAL NOTES

- 1) Before completing this form you should be sure and clear of the course of study that you will take. Please complete the form legibly and in black ink, as it may be photocopied.
- 2) Applicants should meet the minimum subject requirements for specific programmes they want to read. If you have attended another university, you must arrange for the Registrar of that University to submit to this University a full academic record for all years of study and a certificate of conduct.
- 3) Please note that the number of applications received outnumbers the available places at the University. Meeting the minimum requirements for application does not therefore guarantee admission to the University. Please read these notes before completing the application form:
- 4) The application form is obtainable from the Lusaka Apex Medical University offices on production of a non-refundable fee of:

Undergraduate	Local applicants K150.00	International US\$30
Postgraduate	Local applicants K200.00	International US\$40

- 5) Application fees can be paid by electronic transfer or bank deposit as note 1 above

The banking details for the University are as follows:

Kwacha Account

- i. Account Name: Lusaka Apex Medical University
- ii. Account Number: 1095776500148
- iii. Name of Bank: Zambia National Commercial Bank Plc (ZANACO)
- iv. Name of Branch: Manda Hill
- v. Branch Code: 078
- vi. Swift code: ZNCOZMLU.

USD Account

- i. Account Name: Lusaka Apex Medical University
- ii. Account Number: 1095776500249
- iii. Name of Bank: Zambia National Commercial Bank Plc (ZANACO)
- iv. Name of Branch: Manda Hill
- v. Branch Code: 078
- vi. Swift code: ZNCOZMLU.

- 6) The application form **MUST** be completed as fully and as accurately as possible to avoid delay in processing. Use names appearing on the identity document such as National Registration Card/Passport, School Certificate and/or Birth Certificate when completing this form. The completed application form must be accompanied by proof slip from the bank of application fee payment or receipt offered by the University cashier
- 7) The Lusaka Apex Medical University (LAMU) uses English as medium of instruction. International students from non-English speaking countries must provide proof of English proficiency. E.g. from British Council, Ministry of Education in their respective countries or Consulate where possible. If the applicant does not have any English proficiency proof, they will be required to complete English Language studies at Evelyn Hone College or UNZA in Lusaka prior registration at LAMU
- 8) Applicants whose previous degrees/ Certificates were obtained at a university other than Universities in Zambia must submit certified copies of their previous degree certificates with their application (as indicated in '(7)' above). NB For international applicants: Please provide translated copies from embassies or consulates where applicable.
- 9) Requirements for a study permit for international applicants are as follows:
- i. Application form (form 20). The form can be downloaded from the Zambia Immigration Website: www.zambiaimmigration.gov.zm
 - ii. Two recent Passport size photos
 - iii. Photocopies of current passport
 - iv. Letter of admission from LAMU
 - v. Status of the host, parents or guardian
 - vi. Proof of commitment from the sponsor
 - vii. Police clearance report from your country
 - viii. Medical report from a government health hospital, including chest X-ray
 - ix. Covering letter to the region immigration officer
 - x. Payment of prescribed fees

10) Personal Details (To be completed by all applicants) :

Surname/Family name:

Forename(s)/Given name(s):

Title (e.g. Mr, Miss, Mrs, Ms, Dr, Prof):

Previous surname (where applicable):

Date of birth (day/month/year):

Identity Number (NRC/Passport) :

Gender (male or female):

Permanent/home address:

.....

Address for correspondence (if different):

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Telephone:

Fax:

E-mail:

Nationality:

11) Programme Preference (Tick): (refer to programme appendix to this application form)

- a) **Pre-Medical Foundation Programme.**
All the four subjects listed below need to be taken in this programme: Biology
Chemistry
Mathematics
Physics

- b) **Diploma Programmes:**
 - General Nursing
 - Physiotherapy

- c) **Medical Degree Programmes:**
 - Bachelor of Medicine & Surgery [MBChB]

- d) **Pharmacy Degree programme:**
 - Bachelor of Science Pharmacy [BSc Pharm]

- e) **Nursing Degree Programmes:**
 - Bachelor of Science Nursing (BScN)

- f) **Health Sciences Degree Programmes:**
 - Bachelor of Science Physiotherapy [BSc Physio]
 - Bachelor of Science Environmental Health [BSc Env H]

- g) **Faculty of Medical Radiation Sciences**
 - Bachelor of Science Diagnostic Radiography [BSc Diag]**
 - Masters of Medicine**
 - Clinical Oncology
 - Radiology

Specify Title Of Programme:

- (a) First Choice:
- (b) Second Choice:

12) Method of Study: University at 8hrs University at 16

Length of course: Starting date:

Languages Proficiency:

Please indicate your proficiency in English and one other language:

Special needs

Please give details of any special needs you might have arising out of a disability or medical condition.

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Financial Support:

Please indicate how you intend to finance the costs (tuition fees and living expenses) of your proposed course of study. **If you are offered a place at the University, you will be asked to provide satisfactory written evidence, for example in the form of a letter from your bank or a letter from a sponsoring organization; if such evidence is already available, please attach it to your application.**

Sponsorship:

Personal/Private

Government Details:.....

Organization Details:

Checklist and Signature: *(Please tick the appropriate boxes, and sign and date the form.)*

- a) A duly completed application form
- b) Two references *(postgraduate only)*
- c) The form giving an outline of my research topic *(postgraduate only)*
- d) A copies of my academic or degree certificate, transcript, and/or official award letter
- e) NRC/passport e)
- Evidence of funding f) Proof
- of a medical report or cover (Foreign students only)

Declaration and Undertaking:

(To be completed with the assistance of Parent/Guardian if under 21)
If my application is successful and I accept the offer of a place to study at the Lusaka Apex Medical University:

1. **I undertake:**
 - 1.1 To comply with the procedures, rules and regulations of the University.
 - 1.2 To inform the Registrar immediately, in writing, if I change my address or if I intend to cancel my provisional acceptance.
 - 1.3 To acquaint myself with all the rules and general regulations that relate to the programme for which I am applying.
 - 1.4 To make own arrangement for accommodation should the University accept me.
 - 1.5 To pay for a branded LAMU T-Shirt on the day I will collect the admission letter.
2. I/We hereby accept liability for the payment of all tuition fees or other fees which may be charged by the University as a result of my/his/her studies at the University.
3. I/We accept the responsibility of submitting all documents required by the University before the stipulated due dates.
5. **Declaration:**

- 5.1 I declare that I make this application and give the declarations and understandings with the knowledge and consent of my parent/guardian/employer.
- 5.2 I warrant that the information contained herein is true and correct and the University shall be entitled to declare the contract void and cancel my registration if I have made any misrepresentation or omission on this application.
- 5.3 I understand and declare that attending lectures and practicum is mandatory on one part and on the other part failure to attend 80% lectures/ practicum will be sufficient grounds for exclusion to sit for any subsequent examination.
- 5.4 I understand and declare that I will promote the University's brand through academics, sports and any other activities such as LAMU DAY (Every Friday) by wearing LAMU T-Shirt

Signature of Student	Date	Signature of Parent/Guardian	Date
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SURETYSHIP

I, the undersigned lawful parent/guardian/sponsor of the applicant, do hereby bind myself to the Lusaka Apex Medical University as surety in solarium and co-principal debtor with the above-named applicant for the due payment of all fees and other charges due and payable to the University in terms of the relevant applicable annual schedule of fees. The surety will operate as a continuing covering surety ship. I agree that I will not be released from liability under this surety ship in any circumstances whatever, except with the University's written consent and in particular, I shall not be released by reason of the fact that the aggregate amount owed to you by the applicant may fluctuate and may at times be nil.

Full name of parent/ guardian/sponsor:

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Identity (NRC/Passport)

Address:

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Permanent Residential Address:

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Which will be my permanent residential address for all purposes under this document which means that I will accept service of all notices, documents and legal proceedings against me? In the event of my changing this address I agree to inform the Bursar's Department of the University of any Change in my address.

Signature of parent/guardian/sponsor:

Date:

NOTE: A REGISTERED STUDENT IS RESPONSIBLE FOR PAYMENT OF ALL FEES EVEN IF FUNDED BY A SPONSOR.

I certify that the particulars given on this application form are true.

Student's name in full (*in block letters*):

Signature:

Date:

The completed form and other attachments, should be returned to the **Lusaka Apex Medical University, P.O. Box 31909, Kasama Road, off Chilimbulu Road, Lusaka, Zambia.**

If you need to contact the University Admissions Office, use Phone Numbers: +260 211 843034 or e-mail: admissions@lamu.edu.zm Website: www.lamu.edu.zm