

# 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: .....

Degree ☐

Diploma ☐

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.*
- 2) *Applicants should meet the minimum subject requirements for specific programmes they want to apply for. 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 outnumber 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:

Local applicants  
K150.00

International  
US\$30

- 5) Application fees can be paid by electronic transfer or bank deposit.

- The banking details for the University are as follows:

#### *Zambian Students*

Account Name: Lusaka Apex Medical University  
Account Number: 1095776500148  
Name of Bank: ZANACO  
Name of Branch: Manda Hill  
Branch Code: 010-078  
Swift code: ZNCOZMLU.  
Currency: Zambian Kwacha (ZMW)

#### *International Students*

Lusaka Apex Medical University  
1095776500249  
ZANACO  
Manda Hill  
010-078  
ZNCOZMLUXXX  
United States Dollars (USD)

- 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 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.  
NB For international applicants: Please provide translated copies 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](http://www.zambiaimmigration.gov.zm)
  - ii. Two recent 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

**Personal Details:**

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): .....  
.....

Telephone (Mobile).....

Fax: .....

E-mail: .....

Nationality: .....

**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:**

Physiotherapy

Radiography

**c) Medical Degree Programmes:**

Bachelor of Medicine & Surgery [MBChB]

**d) Pharmacy Degree programme:**

Bachelor of Pharmacy

**e) Nutrition Degree Programme:**

Bachelor of Science in Nutrition & Dietetics [BSc. ND]

**f) Nursing Degree Programmes:**

Bachelor of Science Nursing [BSc. N]

**g) Health Sciences Degree Programmes:**

Bachelor of Science Physiotherapy [BSc. Physio]

Bachelor of Science in Environmental Health [BSc. Env. H]

Bachelor of Science in Public Health

**h) Radiological Sciences**

Bachelor of Science in Diagnostic Radiography [BSc. Diag]

Bachelor of Science in Ultrasonography

**Specify title of programme:**

**a) First Choice.....**

**b) Second Choice.....**

**Method of Study:**

Full-time

University at 16

Distance Learning

Length of course: .....

Starting date: .....

**Preferred Campus (Kindly tick): Lusaka Campus** ☐

**Chipata Campus** ☐

**Languages Proficiency:**

Please indicate your proficiency in English and one other language:

i. English language: tick where appropriate

	Excellent	Good	Fair	Poor
Written				
Spoken				

Level of attainment: .....

ii. Any other language: .....Written ☐ Spoken ☐ Level of attainment: .....

**Education** (*Grade Twelve or its equivalent*).

a)

Schools Attended	Subjects Taken	Dates Exams Taken	Examining Body	Grades

Kindly attach copies of your certificate(s), transcript(s), and/or official award letter(s) to your application

b)

University or College	Dates of attendance from to	Qualification	Major	Class or Grade
<i>Please attach copies of your degree certificate(s), transcript(s), and/or official award letter(s) to your application</i>				

**Any other relevant qualification and/or experience:**

.....  
.....  
.....

**Special needs**

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

.....  
.....  
.....

**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** ☐

**Organization** ☐

Details:.....

Details: .....

**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.

4. **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
.....	.....	.....	.....

SURETYSHIP (To be completed where applicant is a minor)

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. I agree that I will not be released from liability under this surety 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:

.....  
 Identity (NRC/Passport).....

Address: .....

.....  
 Permanent Residential Address: .....

.....

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 application form should be accompanied by the deposit slip, photocopies of results and NRC and 2 passport size photos and returned to Lusaka Apex Medical University, P.O. Box 31909, Kasama Road, off Chilimbulu Road, Lusaka, Zambia.**

**N.B. For this intake, accepted students who may not afford to pay 100% of the school fees will be allowed to pay 30% to enable them register, start classes and write first Continuous Assessment (CA). Further, students are required to meet the 65% threshold at the time of second CA and 100% a month before commencement of examinations.**

**If you need to contact the University Admissions Office, use the following phone Numbers: 0211 843034/+26097 5950286/ 0974 137203 or e-mail [admissions@lamu.edu.zm](mailto:admissions@lamu.edu.zm); Website: [www.lamu.edu.zm](http://www.lamu.edu.zm)**