

**LUSAKA APEX  
MEDICAL UNIVERSITY**



Attach  
Passport  
Photo x 2

**POSTGRADUATE APPLICATION FORM FOR ADMISSION**

**Note: Completed application form must be forwarded to the Registrar, Lusaka Apex Medical University, P.O. BOX 31909, LUSAKA, ZAMBIA or Emailed to Admissions@lamu.edu.zm**

**FOR OFFICIAL USE ONLY:**

Name: .....

Type of Post Graduate Programme.....

**Category of Student:**

Zambian Students

SADC Students

International Students

## GENERAL INFORMATION

- 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 study.
- 3) The application form can be obtained from the Lusaka Apex Medical University website [www.lamu.edu.zm](http://www.lamu.edu.zm). Completed applications must be accompanied with proof of payment of the application fee of : K200 for Local applicants and US\$40 for International applicants.
- 4) Application fees can be paid by electronic transfer or bank deposit.

The banking details for the University are as follows:

### **Kwacha Account (K)**

- 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. Swiftcode: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.

- 5) 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.
- 6) 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 University of Zambia in Lusaka prior to registration at LAMU.

7) 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 '(6)' above). NB: For international applicants, please provide translated copies from embassies or consulates where applicable.

8) 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 hospital, including chest X-ray
- ix. Covering letter to the region immigration officer
- x. Payment of prescribed fees.

**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):  
.....  
.....

Telephone: .....

E-mail: .....  
Nationality: .....

**Next of kin**

Name: .....  
Relationship.....  
Address.....  
Mobile Phone Number.....  
Email Address.....

**Funding/Sponsorship: How do you plan to fund your Studies?**

Scholarship Grant   
Self/Family Funding   
Employer   
Other (Specify)

.....  
.....

**Details of Sponsor**

Name:.....  
Address.....  
Mobile Phone Number..... Email  
Address.....

**Programme Information**

**Post Graduate Degrees on Offer:**

- i. Master of Medicine in Radiology ((MMed. Radio.).
- ii. Master of Public Health (MPH).
- iii. Master of Science in Hospital and Healthcare Management.
- iv. Post Graduate Diploma in Hospital and Healthcare Management.

**Programme being applied for:.....**

	Full Time <input type="checkbox"/>									
	Part Time <input type="checkbox"/>									
<b>Method of Study</b>	Full-time <input type="checkbox"/>									
	Distance <input type="checkbox"/>									
<b>Admission Applied for</b>	<table style="width: 100%; border: none;"> <tr> <td></td> <td colspan="2" style="text-align: right;">Year</td> </tr> <tr> <td>January</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>July</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </table>		Year		January	<input type="checkbox"/>	<input type="text"/>	July	<input type="checkbox"/>	<input type="text"/>
	Year									
January	<input type="checkbox"/>	<input type="text"/>								
July	<input type="checkbox"/>	<input type="text"/>								

**Language Proficiency:**

Please indicate your proficiency in English language:

- i. English language: tick where appropriate

	Excellent	Good	Fair	Poor
Written				
Spoken				

Level of attainment.....

- ii. Was English your language of learning in your undergraduate degree?

Yes  No

**Education:** (please complete this section, whether or not you attach a curriculum vitae)

Schools Attended	Subjects Taken	Year Exams Taken	Examining Body	Grades	Level ('O' or 'A')


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

University or College	Dates of attendance	Qualification	Major	Class or Grade

*Please attach copies of your degree certificate(s), transcript(s), and/or official award letter(s) to your application.*

**Employment Information**

Employer	Employer Contact Details	Position	Nature of Work	Dates

**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.

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

**Application Form Checklist for Applicant (Tick Accordingly)**

a	A duly completed application form	
b	Attach two reference letters (one academic and one professional)	<input type="checkbox"/>
c	Attach a short summary of your likely Research Topic	<input type="checkbox"/>
d	Attach copies of academic certificates, transcripts and Zambia Qualifications Authority Certificates.	<input type="checkbox"/>
e	High school certificate or results Zambia Qualifications Authority Certificates.	<input type="checkbox"/>
f	NRC/Passport	<input type="checkbox"/>
g	Full Curriculum Vitae	<input type="checkbox"/>
h	Receipt as proof of payment for Application Form	<input type="checkbox"/>
i	Proof of a medical report or cover (Foreign students only)	<input type="checkbox"/>

**Declaration and Undertaking:**

If my application is successful and I accept the offer of a place to study at the Lusaka Apex Medical University:

1. **I undertake:**
  - a. To comply with the procedures, rules and regulations of the University.
  - b. To acquaint myself with all the rules and general regulations that relate to the programme for which I am applying.
  - c. To make own arrangement for accommodation should the University accept me.
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 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.

Signature of Student..... 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** or Emailed to [Admissions@lamu.edu.zm](mailto:Admissions@lamu.edu.zm).

**If you need to contact the University Admissions Office, use Phone Numbers: +260 975 950286/ +260 975609200** or e-mail: [admissions@lamu.edu.zm](mailto:admissions@lamu.edu.zm) Website: [www.lamu.edu.zm](http://www.lamu.edu.zm)

**How did you learn about the programmes at Lusaka Apex Medical University?**

Website	<input type="checkbox"/>	TV Advertisement	<input type="checkbox"/>
Newspaper Advertisement	<input type="checkbox"/>	Personal Recommendation	<input type="checkbox"/>
Social Media	<input type="checkbox"/>	Brochure	<input type="checkbox"/>