

# EVERGRACE UNIVERSITY COLLEGE



## FOR OFFICIAL USE ONLY

Receipt No:.....

Admission No:.....

Received By:.....

Date:.....

**Town Campus ZIMCO HOUSE 9<sup>th</sup> Floor and Kabangwe Campus Plot No. 12869, Great North Road, Kabangwe Foothills, Lusaka, Zambia.**

Website: [www.evergraceuniversity.wixsite.com/evergrace](http://www.evergraceuniversity.wixsite.com/evergrace) Email: [evergraceuniversityzm@gmail.com](mailto:evergraceuniversityzm@gmail.com)

Phone: 0979544131/0955784418/0963332910

## SERVICE ABOVE SELF

### APPLICATION FORM MASTERS: K150

#### PERSONAL DETAILS

1. First Name:.....
2. Middle Name(Optional):.....
3. Last Name:.....
4. Full Date of Birth:.....
5. Nationality:.....
6. NRC No. (Passport No. if non Zambian):.....
7. Gender:.....
8. Marital status:.....
9. Residential Address:.....
10. Cell Phone No.:.....
11. Email address:.....
12. Academic qualifications-for secondary and primary education. **(Fill table below)**

	YEAR	SCHOOL	EXAMINING BODY	QUALIFICATION
PRIMARY				
JUNIOR SECONDARY				
SENIOR SECONDARY				
GCE (if any)				

13. Professional qualification(s) tertiary education. **(Fill table below)**

	YEAR	INSTITUTION	EXAMINING BODY	QUALIFICATION
1.				
2.				
3.				
4.				
5.				

14. Program applying for:.....

15. Intake applying for (tick): **Part Time:** January ☐ May ☐ September ☐

**Open and Distance Learning:** April ☐ August ☐ December ☐

16. Do you suffer from any ailment(s) the University must know about (tick)? Yes ☐ No ☐

17. If Yes above, please state:.....

18. Do you have any disability (tick)? Yes ☐ No ☐

19. If yes above, please state:.....

**SPONSOR'S DETAILS** (Give your details if you are sponsoring yourself)

**PERSONAL DETAILS** (Part one)

20. Name of Sponsor:.....Signature.....

21. Relationship:.....NRC No:.....

22. Residential Address:.....

23. Cell Phone No:.....

24. Email Address:.....

**OCCUPATION OF SPONSOR** (Part two)

25. Occupation.....

26. Name of Employer (if employed).....

27. Contact No of Employer:.....

28. Email Address of Employer:.....  
29. Physical Address of place of work:.....  
.....

#### NEXT OF KIN (IN CASE OF EMERGENCY)

1. Name:.....Relationship:.....  
2. Residential Address:.....  
.....  
3. Phone No.....Email Address:.....

#### ADMISSION REQUIREMENTS FOR MASTERS PROGRAMMES.

1. The applicant must have a Bachelor's Degree relevant to their field of study.
2. Must have a Grade Twelve (12) Certificate or equivalent.
3. Must possess a National Registration Card or Passport for Non-Zambians

#### APPLICATION PROCEDURE

1. Application Forms can be obtained at Evergrace University Website [www.evergraceuniversity.wixsite.com/evergrace](http://www.evergraceuniversity.wixsite.com/evergrace), Email: [admissions.egu@gmail.com](mailto:admissions.egu@gmail.com), Whatsapp 0979544131 or directly from the **University Offices** completed application forms should be accompanied by a receipt of payment of a non-refundable application fee of **K150 for Masters Programs** and should be brought to the **University offices**, Or sent to **0979544131 on Whatsapp**.
2. Payments should be strictly deposited into the University Bank Account;
  - a. Bank deposit details
    - **Bank Name: ZANACO**
    - **Account Name: EVERGRACE UNIVERSITY**
    - **Account Number: 5904583500145**
    - **Branch Name: Cairo Road Business Centre**
    - **Branch Sort Code: 010040**
    - **Swift Code: ZNCOZMLU**
3. The reference of deposit should be in the applicants Name
4. Deposits can be made at any ZANACO BANK BRANCH, ZANACO EXPRESS, and KAZANG OR other Bank service Centers.
5. For more details call the **University Admissions Manager on 0979544131.**