ZACU Zambian Christian University

ZACU Administrative Centre

P.O. Box 630083, Choma, Zambia

Phones: 0969379518 / 0976782598

Email: office1@zambiancu.org

2022 APPLICATION FORM

Please type or print in block letters when filling in form.

Please include the following when returning this form:

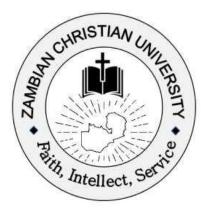
- Certified copy of secondary school certificate; certified copy of diplomas/certificates if applicable
- Bank deposit slip for non-refundable k150 application fee (or \$30 for non-Zambians) Deposited in ZACU bank account (ZANACO Bank) Account Name: Zambian Christian University
 - Account Number: 5685603500171
- Two recent passport sized photos

For which programme are you	u applying?		
App. Date		App. No.	
Receipt No.		Received by	

PERSONAL DATA

Surname	First Name			Other Name	
Date of Birth (dd/mm/yyyy)	Gen	ıder		Marital status	
/ /	М		F		
Passport / NRC No. Place of Issue		Place of Issue			
Postal Address			Phone numbers		
Email Address			Citizenship		
Do you have any special needs? Vision Mobility speech Hearing learning If so, please give details below.]	
Name and address of Parents,Guardi	ian, or Next of Kin				
Religious Affiliation			Denomination i	f Christian (e.g., BIC, SDA, etc.)	
How did you learn about ZACU? Radio Church Poster Cacher Other Church If referred by a personal contact, please give details about who referred you to ZACU:					





ACADEMIC DATA

A-Level and/or O-Level			
Name of School		Years Attended	Qualification
1.			
2.			
3.			
Examination No.	Cert	tificate No.	

Enclose copies of statements of results. Application forms without results will not be processed.

Subject	Grade	Name of Examination Board	

College Diploma/Certificates		
Name of Institution	Years Attended	Qualification
1.		
2.		

Other Certificates or Qualification		
Name of Institution	Years Attended	Qualification

EMPLOYMENT DATA

Name of Employer	Position Held	Period of Employment	Details
1.			
2.			
3.			

Referees (Educator who knows the person well)					
Name		Phone			
Job Title		Email			
Address					
Length of time knowing	ng				
applicant and in what					
	1 1 1 .1	11)			
Referees (Religious L	eader who knows the	erson well)			
Name		Phone			
Job Title		Email			
Address					
Length of time knowing					
applicant and in what capacity					
applicant and in what	cupacity				

I hereby certify that all the information given on this form is correct. Ivoluntarily	Date	
agree, if admitted as a student to uphold the ideals, standards, and regulations set	<u>a.</u>	
forth by Zambian Christian University.	Signature	