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| PLACE PHOTO HERE  NATIONAL UNIVERSITY OF LESOTHO  G:\NUL%20LOGO.jpg | | | |
| 2020/2021 POSTGRADUATE STUDIES APPLICATION FORM | | | |
| SUBMIT THIS FORM TO THE POST GRADUATE STUDIES OFFICE ON OR BEFORE 31st APRIL, 2020 | | | |
| PLEASE NOTE THE FOLLOWING:   * This form must be accompanied by a *non-refundable application* fee of M450.00 (local) M550.00 (non-local). Banking Details: Standard Lesotho Bank – 9080001407356 * Attach certified copy of passport or identity document showing biographical data and expiry date. * Attach certified copies of educational certificates and transcripts (excluding Std 7,JC and COSC) * Attach CV and Motivation letter (not exceeding 500 words). * Attach (2) completed, confidential and sealed reference forms. * Form must be completed using capital letters. | | | |
| FOR OFFICE USE ONLY:  Student Number:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |     TICK IN THE APPROPRIATE BOX : PGD PGDE HONOURS MASTERS PHD  QUALIFICATION APPLIED FOR……………………………………………………………  FACULTY……………………………………………………………………………………………   |  | | --- | |  |   PHD | | | |
| SECTION A. PERSONAL INFORMATION | | | |
| SURNAME: |  | | |
| FULL NAMES: |  | | |
| TITLE: |  | | |
| MAIDEN NAME: |  | | |
| MARITAL STATUS: | MARRIED DIVORCED SINGLE WIDOWED | | |
| ID OR PASSPORT NUMBER: |  | | |
| DATE OF BIRTH: |  | | |
| CITIZENSHIP: |  | | |
| SECTION B. CONTACT INFORMATION | | | |
| POSTAL ADDRESS/ CORRESPONDENCE ADDRESS: | | | |
| EMAIL ADDRESS: | | CELLPHONE NUMBER: | |
| HOME ADDRESS/ PHYSICAL ADDRESS: | | | |
| NAME OF NEXT OF KIN: | | | RELATIONSHIP: |
| CELLPHONE NUMBER: | | | Email ADDRESS |

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| **SECTION C. ACADEMIC INFORMATION** |
| * Have you been registered as a student at NUL/PIUS X11,UBBS or UBLS Yes No  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  * If yes, provide student number |
| HIGHEST QUALIFICATION: |
| INSTITUTION WHERE ABOVE WAS OBTAINED: |
| YEARS ATTENDED: FROM………………………(YEAR) TO:………………………(YEAR) |
| CLASS DIVISION OBTAINED: |
| ***THE SECTION BELOW SHOULD ONLY BE FILLED BY APPLICANTS IN THE FACULTY OF EDUCATION*** |
| ACADEMIC MAJORS: 1. |
| 2. |

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| **SECTION D. POST – SCHOOL ACTIVITIES** |
| *IF YOU ARE EMPLOYED PLEASE COMPLETE THE FOLLOWING*: |
| 1. NAME OF COMPANY/INSTITUTION: |
| 1. POSITION HELD: |
| 1. COMPANY/ INSTITUTION ADDRESS: |
| 1. TELEPHONE NUMBER: |

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| **SECTION E. MEDICAL INFORMATION** |
| Do you have any disability, physical or otherwise? YES NO |
| IF YES, please state the nature of the disability: |
| Do you have any special needs? YES NO |
| If YES, please stste those needs: |
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| **SECTION F. FUNDING OF STUDIES** |
| HOW DO YOU PROPOSE TO FINANCE YOUR STUDIES? |
| ***NOTE: A REGISTERED STUDENT IS RESPONSIBLE FOR PAYMENT OF ALL FEES.*** |

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| **SECTION G. REFEREES** |
| **FIRST REFEREE**   1. FULL NAMES: |
| OCCUPATION: |
| ADDRESS: |
| CONTACTS: E-MAIL ADDRESS: |
| **SECOND REFEREE** |
| 1. FULL NAMES: |
| OCCUPATION: |
| ADDRESS: |
| CONTACTS: E-MAIL ADDRESS: |

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| **SECTION H. DECLARATION BY APPLICANT** |
| “I declare that all the above information is correct and true to the best of my knowledge 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. If admitted to the University, I undertake to conform to the rules and regulations of the University.”  Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Completed application forms should be addressed to***:

***Postgraduate Studies Office***

***The National University of Lesotho***

***P. O. Roma 180***

***LesothoTel:* +266 22340264/ 52213815/52213809 *Fax:* 22340000 *E- mail Address:*** [**postgraduatestudies@nul.ls**](mailto:postgraduatestudies@nul.ls)