



NATIONAL UNIVERSITY OF LESOTHO



APPLICATION FOR ADMISSION: POSTGRADUATE STUDIES

SUBMIT THIS FORM TO THE ADMISSIONS OFFICE ON OR BEFORE 31st, May 2019

PLEASE NOTE THE FOLLOWING:

- This form must be accompanied by a *non-refundable application fee* of M420.00 (local) M530.00 (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 Motivational 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:

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Receipt Number:.....

TICK IN THE APPROPRIATE BOX :PGD PGDE HONOURS MASTERS PHD

QUALIFICATION APPLIED FOR: **Msc in Sustainable Energy**

FACULTY: **Science and Technology**

A. PERSONAL INFORMATION

SURNAME:			
FULL NAMES:			
TITLE:	GENDER:		
ID OR PASSPORT NUMBER:	MARITAL STATUS:		
DATE OF BIRTH:	CITIZENSHIP:		
POSTAL ADDRESS/ CORRESPONDENCE ADDRESS:			
EMAIL ADDRESS:		CELLPHONE NUMBER:	
HOME ADDRESS/ PHYSICAL ADDRESS:			
NAME OF NEXT OF KIN:		RELATIONSHIP:	
CELLPHONE NUMBER:		Email ADDRESS	

B. ACADEMIC INFORMATION

- Have you been registered as a student at this University /PIUS X11,UBBS or UBLS Yes No
- If yes, provide student number

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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.

C. POST – SCHOOL ACTIVITIES

IF YOU ARE EMPLOYED PLEASE COMPLETE THE FOLLOWING:

1. NAME OF COMPANY/INSTITUTION:
2. POSITION HELD:
3. ADDRESS OF COMPANY/ INSTITUTION:

4. CELLPHONE/TELEPHONE NUMBER:

D. MEDICAL INFORMATION

DO YOU HAVE ANY DISABILITY, PHYSICAL OR OTHERWISE? YES NO

IF YES, PLEASE STATE THE NATURE OF THE DISABILITY:

NEEDS:

E. FUNDING OF STUDIES

HOW DO YOU PROPOSE TO FINANCE YOUR STUDIES?

NOTE: A REGISTERED STUDENT IS RESPONSIBLE FOR PAYMENT OF ALL FEES.

F. NAMES, OCCUPATIONS & ADDRESSES OF TWO REFEREES

1. FULL NAMES:	
OCCUPATION:	
ADDRESS:	
CONTACTS:	E-MAIL ADDRESS:
2. FULL NAMES:	
OCCUPATION:	
ADDRESS:	
CONTACTS:	E-MAIL ADDRESS:

G. 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:

The Admissions Secretary

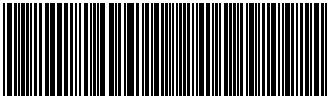
The National University of Lesotho

P. O. Roma 180

Lesotho

Southern Africa

Tel: +266 22340601/ 52213815/52213809 **Fax:** 22340000 **E- mail Address:** admissions@nul.ls



NUL/ Ref - Aca- 2017

National University of Lesotho

Postgraduate Studies Reference Form

Applicant Must Fill this Section

1. Applicant's Surname _____
2. Other Names _____
3. Programme applied for _____

PLEASE NOTE

- (a) Provide a reference which is as comprehensive as possible covering academic aptitude, interests and character
- (b) The Application Form must be accompanied by **two** references.

To be completed by the Referee:

Name of the Referee.....

Occupation.....

Address

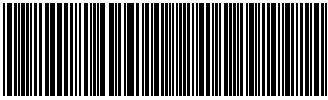
Comments

SignedDate.....

Return this form as soon as possible to:
The Admission Secretary
The National University of Lesotho
P O Roma 180
Lesotho
Southern Africa

NB: Applicants will not be considered until references have been received.





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