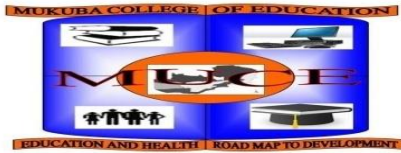


All correspondence should be addressed to the academic registrar



MUKUBA COLLEGE OF EDUCATION
EDUCATION AND HEALTH IS THE ROAD MAP TO DEVELOPMENT

TOWN CAMPUS: BOWMAKER BUILDING 4TH FLOOR OPPOSITE KITWE LIBRARY
P.O BOX 280116, KITWE ZAMBIA
CELL: 0977-737309/0968-488462/0971-847254
EMAIL:mukubacollegeofeducation@gmail.com, website: www.mukubacollege.com
EDUCATION AND HEALTH IS THE ROAD MAP TO DEVELOPMENT.

ENROLMENT FORM

COURSE OF YOUR CHOICE:

1st choice..... full time or distance (tick)

2nd choice..... full time or distance (tick)

PERSONAL AND FAMILY INFORMATION

Name.....

Home Address.....

Telephone.....Email.....

Date of birth.....Age.....Sex..... Place of

Birth.....Country of Citizenship.....

Marital Status (Tick)

Single Engaged Married

Widower Separated Divorced

FINANCIAL INFORMATION

How do you intend to financially support your studies?

.....

How is your family going to support you while in school?

.....

All correspondence should be addressed to the academic registrar

EDUCATION BACKGROUND

	Institution	Year	Certification
Primary School
Junior Sec School
Senior Sec School
Colleges /Universities

Describe why you want to do this course?

.....
.....

How do you intend to use your training?

.....
.....

REFEREES

Please list (2) two next of kin who could recommend you for this training?

1. Name:
Address:
Relationship: Phone:
How long have you known each other?
2. Name:
Address:
Relationship: Phone:
How long have you known each other?

ACKNOWLEDGEMENT

I.....Here by certify that the information on this application is true to the best of my knowledge and belief. I further acknowledge my substantial agreement with MUCE statement of education and agree to obey all the rules and regulations if accepted as a student.

All correspondence should be addressed to the academic registrar
I understand that I will be contacted for personal interviews and the referees I have listed will be contacted.

If accepted, I understand that I will be dismissed from the institution at the discretion of the college officials at any time if there are reasons proving that am no longer fit to continue as a student.

I paid K150 as my application fee which I know is non-refundable.

Signature.....

Date.....

ATTACHMENT

Grade 12 certificate

Two latest passport size photos

A/C 020310162494011, Investrust Kitwe branch and original deposit slips should be brought for receipting. OR Mukuba College of Education, A/C, 5270126500131, ZANACO KITWE BRANCH.