



Gideon Robert University

SCHOOL OF RESEARCH AND POST GRADUATE STUDIES

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Email: admin@gideonrobertuniversity.com/registrar@gideonrobertuniversity.com

APPLICATION FORM

1. Personal Details

Mr. Mrs. Miss. Ms. Dr. Male female

Given Names _____ What is your preferred Name? _____

Family Name _____

Do you want your family name to appear first on all official GRU documents e.g. Transcript/ Parchments? Yes No

Date of Birth ____/____/____ (day/ month/ year; e.g. 18/ December/ 1985)

Citizenship/ Nationality _____ Country of birth _____

Work experience _____

Have you studied GRU before? Yes No if yes, provide student ID _____

Do you have a disability or long-term illness? Yes No if yes, please provide details _____

Do you require disability support services? Yes No

2. Address Details

Physical Address

Plot No. and Street _____

Area/ City _____

State/ Country _____ Zip/ Postcode _____ Mobile No. _____

Telephone _____ Fax _____ Email _____

My mailing address is different from my home address

Address _____

Area/ City _____

State/ Country _____ Box No. _____ Mobile No. _____

Telephone _____ Fax _____ Email _____

Please Advise Gideon Robert University if you change your Address during the year.

3. Program preferences (please list your program preferences in order of priority)

Program Name _____ Program Code _____ Specialisation (if applicable) _____

- 1.* _____ (_____)
2. _____ (_____)
3. _____ (_____)

*your first preferences will be processed first. Second and third preferences will be processed only if your first choice is unsuccessful.

Full-time Part-time Distance Learning (DL)

4. Financial Support

Please indicate your source of financial support and for invoice purposes please attach information of person or organisation paying fees.

I am fully sponsored by Government (attach documentation) I am a private student supported by myself/ family
 I am fully sponsored by my employer (attach documentation) I am fully sponsored by Zambian government Scholarship

5. Academic Records

Please provide all appropriate academic documentation in original or certified/ notarised form.

6. Secondary Studies

Name of school _____ Name of school certificate _____
Language of Instruction _____ Years From: Yr _____ To: Yr _____ Completed? Yes No

7. Tertiary/ Higher Education Studies

Name of institution _____ Name of Award/ Qualification _____

Language of Instruction _____ Years From: Yr _____ To: Yr _____ Completed? Yes No

Name of institution _____ Name of Award/ Qualification _____

Language of Instruction _____ Years From: Yr _____ To: Yr _____ Completed? Yes No

Name of institution _____ Name of Award/ Qualification _____

Language of Instruction _____ Years From: Yr _____ To: Yr _____ Completed? Yes No

8. Professional Employment/ Experience

Present position _____ Employers _____

Date of service; From _____ To _____ Full-time Part-time

Previous position (if any) _____ Employers _____

Date of service; From _____ To _____ Full-time Part-time

9. Declaration

I declare that to the best of my knowledge, the information provide by me is true and complete in every particular. I acknowledge that the Gideon Robert University may vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information provided by me. I authorise Gideon Robert University to make enquiries about the detail associated with this application. I understand the above conditions and am prepared to accept them in full. in particular, I understand that I, or my sponsor, will be responsible for the full cost of programs for which I am seeking admission.

Official stamp

Signature _____ Date ____/____/____