



Blessings University of Excellence

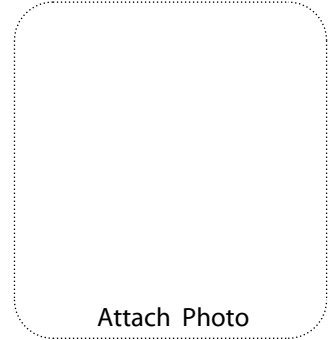
# BLESSINGS UNIVERSITY OF EXCELLENCE

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Zambia  
Plot No 26523,  
corner of Vubu and  
Lumuba

Your Ref:  
Our Ref:



## APPLICATION AND REGISTRATION FORM

Complete ALL the parts as instructed

### APPLICATION FEE K100

Academic Year

Full-Time Programme

Part Time Programme

Distance Learning

Choose Programme

## FOR OFFICIAL USE ONLY

Candidate Application Number (New Student)

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## PART 1: PERSONAL DETAILS

Title:

Surname:

Middle Name:

First Name:

Physical Address:

Postal Address:

E-mail:

Phone Number:

Date of Birth:

Nationality:

NRC:

Marital Status:

Passport Num:

## PART 2: SECNDARY SCHOOLS ATTENDED

High Schools Attended:

School Name:	<input type="text"/>	From:	<input type="text"/>	To:	<input type="text"/>
School Name:	<input type="text"/>	From:	<input type="text"/>	To:	<input type="text"/>
School Name:	<input type="text"/>	From:	<input type="text"/>	To:	<input type="text"/>

Indicate 'O' Level subjects or equivalent passed and grades obtained in each subject

Subject	Grade	Examination Body
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Indicate ECZ Examination Number  (If Applicable)

Indicate 'A' Level subjects if applicable or equivalent passed and grades obtained in each subject

Subject	Grade	Examination Body
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Indicate ECZ Examination Number

## PART 3: COLLEGE/UNIVERSITY

College(s)/Universities Attended:

College/Univer:	<input type="text"/>	From:	<input type="text"/>	To:	<input type="text"/>
Qualifications Obtained:	<input type="text"/>	Examining Body:	<input type="text"/>		
College/Univer:	<input type="text"/>	From:	<input type="text"/>	To:	<input type="text"/>
Qualifications Obtained:	<input type="text"/>	Examining Body:	<input type="text"/>		
College/Univer:	<input type="text"/>	From:	<input type="text"/>	To:	<input type="text"/>
Qualifications Obtained:	<input type="text"/>	Examining Body:	<input type="text"/>		

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## PART 4: EMPLOYMENT

Name of Employer:  Address of Employer:   
Position Held:  How long have you held this position:

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## PART 5: GURDIAN/NEXT OF KIN

Name and Address of Guardian or Next of Kin

Name:  Address:   
E-mail:  Phone Number:

**Please upload scanned signature image here or sign below**

Guardian or Next of Kin Signature: \_\_\_\_\_ Enter Date:

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## PART 6: FINANCING

What will be the source of your financing for this program that you intend to undertake?

- Self Financing  
 Employer  
 Other

If Other; (Please Specify)

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## PART 7: PHYSICAL DISABILITIES

Do you have any physical or communication disabilities? (Please indicate below)

- Hearing  
 Mobility  
 Speech  
 Vision  
 Other  
 None

If Other; (Please Specify)

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## PART 8: DECLARATION

I declare that the information provided in this form is true and correct. In the event that any information is false, the university reserves the right to declare this application null and void at any time during my course of study. The university further reserves the right to take legal action.

Signature of Applicant:  Date:

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## TAKE NOTE

\*\* After completing the application form make sure you fill in all the required fields\*\*

\*\*Print a copy by clicking on PRINT BUTTON Above Top Right\*\*

\*\*If you have a copy of your signature in an image format (JPG, PNG, BMP) you can attach it\*\*

\*\*If you have a copy of your Passport Sized Photo in soft copy (JPG, PNG or BMP format) please attach it\*\*

Please note that the mere possession of the minimum entry requirements is not in itself a guaranteed admission to the university.

Please **NOTE** that only **One (1)** application form per Applicant will be **CONSIDERED** by the University. Not more than one application form.

Please attach the certified copies (By a Gazetted Commissioner of Oath) of the following documents.

1. Proof of payment of Application Fees.
2. Copies of certificates and transcripts of results for part 2 and part 3.
3. Copies of National Registration Card or Passport.
4. 2 passport sized photos recently taken (**attach one to this form**)
5. Letter of commitment from sponsor if program will not be paid by self.

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## OFFICIAL USE ONLY

### School's recommendation:

Accepted       Rejected

Remarks for Rejection:

Signed: .....

Date: ...../...../...../

## ADMISSION OFFICE

End of Application