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**Application Fee –ZMW 200.00 (non -refundable) Receipt No: \_\_\_\_\_**

Date bought: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Date: \_\_\_\_\_  
Data entry by: \_\_\_\_\_  
Date: \_\_\_\_\_  
Verified by: \_\_\_\_\_  
Date: \_\_\_\_\_

**APPLICATION FORM FOR ADMISSION TO DEGREE OR DIPLOMA OR  
CERTIFICATE PROGRAMMES FOR 2019/2020 ACADEMIC YEAR**

**SCHOOL:** \_\_\_\_\_

**PROGRAMME:** \_\_\_\_\_

**OFFICIAL USE ONLY**

CANDIDATE’S APPLICATION NO: (New Applicant).....

STUDENT’S COMPUTER NO. (Applicable for Re-admission only).....

**A. PERSONAL DETAILS**

1. **OTHER NAMES:** \_\_\_\_\_ **SURNAME:** \_\_\_\_\_

2. **DATE OF BIRTH (Day /Month/Year):** \_\_\_\_\_

3. **PLACE OF BIRTH:** \_\_\_\_\_

4. **NATIONALITY:** \_\_\_\_\_

5. **MARITAL STATUS:** \_\_\_\_\_ (M) – MARRIED OR (U) – UNMARRIED)

6. **SEX:** - \_\_\_\_\_ (M)-MALE (F) -FEMALE

7. NRC NO. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ OR PASSPORT NO: \_\_\_\_\_

8. TEL: \_\_\_\_\_ . CELL: \_\_\_\_\_

9. EMAIL: \_\_\_\_\_

10. POSTAL ADDRESS: \_\_\_\_\_

(Provide usable postal addresses which the University can use for posting acceptance letters. LMMU will not be liable for wrong postal addresses)

11. PERMANENT RESIDENTIAL ADDRESS: \_\_\_\_\_

**B. NAME OF PARENTS/GUADIAN/NEXT OF KIN (Delete which is not applicable)**

12. FULL NAMES: \_\_\_\_\_

13. RELATIONSHIP: \_\_\_\_\_

14. NATIONALITY: \_\_\_\_\_

15. TEL: \_\_\_\_\_ CELL: \_\_\_\_\_

16. EMAIL: \_\_\_\_\_

17. POSTAL ADDRESS: \_\_\_\_\_

18. RESIDENTIAL ADDRESS: \_\_\_\_\_

**C. EDUCATIONAL BACKGROUND**

**18. SCHOOLS ATTENDED**

NAME OF SCHOOL	PERIOD	QUALIFICATION ATTAINED

**19. GRADE 12 SCHOOL CERTIFICATE/GCE RESULTS**

<b>SUBJECT</b>	<b>GRADE</b>
ENGLISH LANGUAGE	
MATHEMATICS	
BIOLOGY	
SCIENCE OR PHYSICS OR CHEMISTRY	
ANY OTHER SPECIFY:.....	

**20. POST SECONDARY SCHOOL STUDIES (if any)**

<b>NAME OF INSTITUTION</b>	<b>PERIOD</b>	<b>COURSE</b>	<b>QUALIFICATION ATTAINED</b>

**21. IF YOU ARE CURRENTLY ENGAGED IN ANY STUDIES, KINDLY INDICATE  
THE NATURE OF YOUR STUDIES:** \_\_\_\_\_

**D. ACADEMIC INFORMATION**

**22. SCHOOL:** \_\_\_\_\_

**23. DEPARTMENT:** \_\_\_\_\_

**24. MODE OF STUDY:** \_\_\_\_\_ (F)-REGULAR or (D)-DISTANCE/BLENDED

**25. PROGRAMME:** \_\_\_\_\_

**E.SPONSOR (INDICATE YOUR SPONSOR)**

**26. NAME OF ORGANISATION/ INDIVIDUAL/ GUARDIAN/SELF:** \_\_\_\_\_

**27. PHYSICAL ADDRESS:** \_\_\_\_\_

**28. POSTAL ADDRESS:** \_\_\_\_\_

**29. TEL:** \_\_\_\_\_ . **CELL:** \_\_\_\_\_

**30. EMAIL.:** \_\_\_\_\_

**F. EMPLOYER (IF ANY)**

31. NAME OF THE EMPLOYER: \_\_\_\_\_

32. POSTAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

33. TEL: \_\_\_\_\_ CELL: \_\_\_\_\_

34. EMAIL: \_\_\_\_\_

**G. OTHER DETAILS**

35. SERIOUS PREVIOUS ILLNESS(ES): \_\_\_\_\_

36. DIETARY RESTRICTIONS (IF ANY): \_\_\_\_\_

37. ALLERGIES: \_\_\_\_\_

38. DO YOU HAVE ANY PHYSICAL OR COMMUNICATION DISABILITIES?

\_\_\_\_\_ YES/NO.

39. IF YES, CIRCLE THE DISABILITY APPLICABLE: \_\_\_\_\_

(VISION, MOBILITY, SPEECH, HEARING.)

40. IF NONE OF THE ABOVE, GIVE DETAILS OF DISABILITY : \_\_\_\_\_  
\_\_\_\_\_

**H. TO BE FILLED IN BY A MEMBER OF THE LEVY MWANAWASA MEDICAL  
UNIVERSITY STAFF, HIS/HER SPOUSE OR CHILD.**

41. PLEASE TICK YOUR CATEGORY:

MEMBER OF STAFF	SPOUSE	CHILD

SURNAME OF MEMBER OF STAFF: \_\_\_\_\_ OTHER NAMES: \_\_\_\_\_

MAN #: \_\_\_\_\_ DEPT/SCHOOL \_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING DOCUMENTS:**

- a) Photocopy of parent's National Registration Card.
  - b) The latest Vital Statistics form.
  - c) Birth Certificate
- 

**Attach copies of certificates or Transcript of Results (Applicants with foreign results should have the results translated and equated to Zambian standard by Examinations Council of Zambia)**

**42. FORMS RECEIVED AFTER 31<sup>ST</sup> MAY WILL NOT BE PROCESSED**

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**I. DECLARATION**

I \_\_\_\_\_ BEING THE APPLICANT DO HEREBY DECLARE THAT THE INFORMATION PROVIDED IN THIS FORM AND ALL SUPPORTING DOCUMENTATION IS ACCURATE AND COMPLETE AND ACKNOWLEDGE THAT ANY FALSE INFORMATION MAY RESULT IN CRIMINAL PROCEEDINGS BEING TAKEN AGAINST ME.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

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**OFFICIAL USE ONLY**

Points \_\_\_\_\_ Cut-Off Point \_\_\_\_\_

**Selection Committee's decision- Reject/Accept**

## **PROGRAMMES OFFERED**

### **1. School of Medicine and Clinical Sciences**

#### **1.1. Degree Programmes**

- Bachelor of Medicine and Bachelor of Surgery (MBChB)
- BSc in Clinical Sciences
- BSc in Clinical Anaesthesia
- BSc in Clinical Ophthalmology
- BSc in Optometry
- BSc in Mental Health and Clinical Psychiatry

#### **1.2. Advanced Diploma Courses**

- Adv. Dip in Clinical Anaesthesia
- Adv. Dip in Clinical Ophthalmology

#### **1.3. Diploma Courses**

- Dip in Dental Therapy
- Dip in Dental Technology
- Dip in Clinical Medical Sciences General
- Dip in Clinical Medical Sciences Psychiatry
- Dip in Optometry
- Dip in Emergency Medical Care

#### **1.4. Certificate Courses**

- Cert. in Community Health Assistants (HIV Medics)
- Cert. in Dental Assisting
- Cert. in Emergency Medical Care

### **2. School of Nursing**

#### **2.1. Degree Programmes**

- BSc in Nursing
- BSc in Ophthalmic Nursing
- BSc in Midwifery
- BSc in Public Health Nursing
- BSc in Mental Health Nursing

#### **2.2. Advanced Diploma Courses**

- Adv. Dip in Ophthalmic Nursing

#### **2.3. Diploma Courses**

- Dip in Registered Nursing
- Dip in Midwifery
- Dip in Public Health Nursing
- Dip in Registered Mental Health Nursing

### **3. School of Public Health and Environmental Sciences**

#### **3.1. Degree Programmes**

- Master of Public Health
- BSc in Public Health
- BSc in Environmental Health
- BSc in Public Health Nutrition

#### **3.2. Diploma Courses**

- Dip in Public Health
- Dip in Environmental Health Sciences

### **4. School of Health Sciences**

#### **4.1. Degree Programmes**

- Bachelor of Science in Nutrition and Dietetics
- Bachelor of Science in Biomedical Sciences

#### **4.2. Diploma Courses**

- Diploma in Biomedical Sciences

### **5. Institute of Basic and Biomedical Sciences**

- Dip. in General Counselling
- BA in Counselling
- Post Graduate Dip. in Medical Education
- Master of Science in Health Professions' Education
- Doctor of Philosophy in Health Professions' Education

### **6. Open, Distance and Blended Learning (e-Learning)**

- Dip in Registered Nursing
- Dip in Clinical Medical Sciences General
- Dip in Clinical Medical Sciences Psychiatry
- BSc in Public Health
- BSc in Environmental Health
- Dip in Environmental Health Sciences

### **7. Entry requirements:**

#### **A. School Leaver Direct Entry Applicants**

1. A full Grade Twelve School Certificate or GCE with 5 credits or better, four of which must be English Language, Mathematics, Biology and Science.

#### **B. Advanced Diploma Applicants**

1. A full Grade Twelve School Certificate or GCE with 5 credits or better, four of which must be English Language, Mathematics, Biology and Science.

2. A relevant certificate or Diploma qualification from a recognized institution.
3. 2019 Practicing Certificate from the Health Professions Council of Zambia (HPCZ) or General Nursing Council of Zambia (GNC).

**C. A-Level Applicants**

1. A full Grade Twelve School Certificate or GCE with 5 credits or better, four of which must be English Language, Mathematics, Biology and Science;
2. 'A' levels in Biology, Chemistry, Mathematics or Physics from a recognized Institution with an average grade B **may be considered for Degree Programmes and may earn exemptions.**

**D. BSc Holder Applicants**

1. A full Grade Twelve School Certificate or GCE with 5 credits or better, four of which must be English Language, Mathematics, Biology and Science;
2. Bachelor of Science Degree in a relevant science programme or a Health Professions-related discipline **may be considered for Degree Programmes and may earn exemptions.**

**E. Graduate Entry**

1. A full Grade Twelve School Certificate or GCE with 5 credits or better, four of which must be English Language, Mathematics, Biology and Science;
2. Bachelor of Science Degree in a relevant science programme or a Health Professions-related discipline for masters programmes.
3. Master of Science Degree in a relevant science programme or a Health Professions-related discipline for PhD programmes.

**METHOD OF APPLICATION**

All prospective applicants who meet the above requirements should:

- A. Obtain Application Forms in person from Levy Mwanawasa Medical University – Admissions Office or the website: [www.moh.gov.zm](http://www.moh.gov.zm) or [www.cchs.ac.zm](http://www.cchs.ac.zm)
- B. Deposit a non-refundable fee of **K200.00 (Kwacha Two Hundred only)** into the Levy Mwanawasa Medical University Third Party Account No. **110110359429026 INVEST TRUST BANK ODYS BRANCH** at any INVEST TRUST Branch countrywide.
- C. All completed application forms should be accompanied with certified copies of certificates or statements of results; an authentic bank deposit slip; receipt from the LMMU Account's Office and should reach the Academic Office by 31<sup>st</sup> May, 2019.

For inquiries, Contact: **Admissions Office +260 974330519/+260953821693**