

## 2025/2026 POSTGRADUATE APPLICATION FORM



National University  
of Lesotho

PLACE YOUR  
PASSPORT SIZE  
PHOTO HERE

### PLEASE NOTE THE FOLLOWING WHEN COMPLETING THE APPLICATION FORM

This form must be accompanied by a non-refundable application fee of M605.00 (local) M670.00 (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, J.C and C.O.S.C)  
Attach CV and Motivational letter (not exceeding 500 words).  
Attach (2) completed, confidential and sealed reference forms.  
Form must be completed using capital letters.  
Applications should be submitted to Post Graduate Office before 31 March 2025.

### FOR OFFICE USE ONLY

STUDENT NUMBER																				
RECEIPT NUMBER																				

### TICK IN THE APPROPRIATE BOX

PGD	PGDE	HONOURS	MASTERS	PHD
QUALIFICATION APPLIED FOR				
FACULTY				

SECTION A	PERSONAL INFORMATION			
SURNAME				
FULL NAMES				
TITLE				
PASSPORT NUMBER OR ID NUMBER				
DATE OF BIRTH				
GENDER	MALE		FEMALE	
MARITAL STATUS				
CITIZENSHIP				

SECTION B	CONTACT INFORMATION
CELL PHONE NUMBER	
EMAIL ADDRESS	
PHYSICAL ADDRESS	
POSTAL ADDRESS	

NEXT OF KIN	
RELATIONSHIP	
CELL PHONE NUMBER	
EMAIL ADDRESS	

SECTION C		ACADEMIC INFORMATION										
Have you registered as a student at NUL / PIUS XII, UBBS, or UBLS?					YES				NO			
If YES, provide student number												
HIGHEST QUALIFICATION												
INSTITUTION WHERE QUALIFICATION WAS OBTAINED												
YEAR ATTENDED		FROM				TO						
CLASS DIVISION OBTAINED												
ACADEMIC MAJORS												
1.												
2.												

SECTION D		POST-SCHOOL ACTIVITIES									
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IF YOU ARE EMPLOYED, PLEASE COMPLETE THE FOLLOWING

1. NAME OF COMPANY	
2. POSITION HELD	
3. COMPANY ADDRESS	
4. CELL PHONE NUMBER	
5. TELEPHONE NUMBER	

SECTION E		MEDICAL INFORMATION										
Do you have any disability? Physical or otherwise?					YES				NO			
If YES, please state the nature of the disability.												
Do you have any special needs?					YES				NO			
If YES, please state those needs.												

## SECTION F

## FUNDING OF STUDIES

N.B. A registered student is responsible for payment of all fees

How do you propose to fund your studies?

## SECTION G

## REFERENCES

## First Referee

FULL NAMES	
OCCUPATION	
ADDRESS	
CELL PHONE NUMBER	
EMAIL ADDRESS	

## Second Referee

FULL NAMES	
OCCUPATION	
ADDRESS	
CELL PHONE NUMBER	
EMAIL ADDRESS	

## SECTION H

## 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

\_\_\_\_\_  
DATE

Completed application forms should be submitted to:  
Postgraduate Studies Office  
The National University of Lesotho  
P. O. Roma 180  
Lesotho  
Southern Africa

Tel. +266 2234 0301 / +266 5221 3815 / +266 5221 3815  
Email. [postgraduatestudies@nul.ls](mailto:postgraduatestudies@nul.ls)  
Fax. +266 2234 0000