

2023/2024 POSTGRADUATE APPLICATION FORM

PLEASE NOTE THE FOLLOWING WHEN COMPLETING THE APPLICATION FORM



National University
of Lesotho

PLACE YOUR
PASSPORT SIZE
PHOTO HERE

- This form must be accompanied by a non-refundable application fee of M500.00 (local) M610.00 (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 2023.

FOR OFFICE USE ONLY

STUDENT NUMBER										
RECEIPT NUMBER										

TICK IN THE APPROPRIATE BOX

PGD	<input type="checkbox"/>	PGDE	<input type="checkbox"/>	HONOURS	<input type="checkbox"/>	MASTERS	<input checked="" type="checkbox"/>	PHD	<input type="checkbox"/>
QUALIFICATION APPLIED FOR	MSc in Sustainable Energy								
FACULTY	Science & Technology								

SECTION A	PERSONAL INFORMATION		
SURNAME			
FULL NAMES			
TITLE			
PASSPORT NUMBER OR ID NUMBER			
DATE OF BIRTH			
GENDER	MALE	<input type="checkbox"/>	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												
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
Fax. +266 2234 0000