



Gideon Robert University

5th Floor, Room 816, NAPSA BUILDING,
P.O Box 770, Mandahill, Lusaka
Cell: +260 969 899 875/ +260 979 966 615
Tel: 260 211 223737, 260211295082
Fax 260211223737

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 _____

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 _____ Specialization (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 organization 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/ notarized 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 authorize 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 ____/____/____