



SUPERSHINE UNIVERSITY,

Makeni Simson Building, Los Angeles Road, Lusaka- Zambia

APPLICATION FOR ADMISSION INTO BACHELOR AND MASTER DEGREE PROGRAMME

This form should be completed and returned with certified copies of certificates, statement of Result(s) Diploma and other documents in support of qualifications claimed by the applicant to this email address: supershinennigeria1@gmail.com

PLEASE PRINT ENTRIES LEGIBLY

Surname: _____ Other Name: _____

Sex Male Female Marital Status: Single Married Widowed

Date of Birth (yyyy/mm/dd) _____ Nationality: _____

State of Origin: _____ Religion/Affiliate: _____

Mailing Address: _____

(a) Permanent Home Address: _____

(b) Phone Number (Landline/GMS) _____

(c) Email Address: _____



Bachelor Degree in-view

Department

Faculty

Field of Interest: _____

FOR OFFICIAL USE ONLY

Result of Application _____ Signed _____ Date: _____

Result Communicated _____ Signed _____ Date: _____

SCHOOL AND UNIVERSITIES ATTENDED

S/N	NAME OF SCHOOL	TOWN	COUNTRY	YEAR ATTENDED
1				
2				
3				
4				
5				

**DISTINCTIONS AND PRIZES**

(i) _____

(ii) _____

LIST OF APPOINTMENTS IN THE PAST FIVE (5) YEARS

S/N	POST	EMPLOYER	DATES
1			
2			
3			
4			
5			

CERTIFICATE (1 ST SITTING) (WACE/GCE/SSCE/NECO/ NABTEB)	ATTENDANCE (year)		SUBJECT	GRADE	OFFICIAL USE
	From	To			
CERTIFICATE (1 ST SITTING) (WACE/GCE/SSCE/NECO/ NABTEB)	ATTENDANCE (year)		SUBJECT	GRADE	OFFICIAL USE
	From	To			



Professional Qualification

Certification (ACIHTM, AIH, ACTH, ACCA, ACA, ETC)	ATTENDANCE (year)		SUBJECT	OFFICIAL USE
	From	To		

Languages

Identify any Languages you speak, Read, or Write and to what degree (other than English)	documents in support	official use

DECLARATION BY APPLICANT

I hereby declare that the particulars which I have supplied above are true to the best of my knowledge and belief.



Signature: _____

Date: _____

