

**THE UNIVERSITY OF ZAMBIA**  
**DIRECTORATE OF RESEARCH AND GRADUATE STUDIES**

**POSTGRADUATE REGISTRATION FORM**

**PART I: Student and Study Programme Particulars**

Name of Student: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Sex: Female/Male      Nationality: \_\_\_\_\_      NRC/Passport Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_      Marital Status: Unmarried/Married/Widowed/Divorced

Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Name and Address of Next of Kin: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Programme of Study: \_\_\_\_\_

Date of Commencement of Programme of Study: \_\_\_\_\_ Year of Study: \_\_\_\_\_

Mode of Study: Full-time/Part-time/Distance Education      Academic Year \_\_\_\_\_: \_\_\_\_\_

Signature of the Student: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II: Course Registration**

Applicable to Postgraduate Diploma and Part I of the Taught Masters Degree (Modes A and B) Students

Course Code	Course Title	Lecturer's Signature	Date

Name of Head of Department: \_\_\_\_\_

Signature of Head of Department: \_\_\_\_\_ Date: \_\_\_\_\_

**PART III: Registration for Research Work**

Applicable to Part II of the Taught Masters, Masters by Research and Thesis and Doctorate Students

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Head of Department: \_\_\_\_\_

Signature of Head of Department: \_\_\_\_\_ Date: \_\_\_\_\_

**PART IV: For Official Use Only**

**Bursar's Office:**

Self-Sponsored/Sponsored (If sponsored, indicate name and address of the sponsor):

\_\_\_\_\_  
\_\_\_\_\_

Fees Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Financial Officer: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Admitting School:**

I recommend/do not recommend the above Student for registration

Name of AssistantDean (Postgraduate) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office of the Dean of Student Affairs**

I confirm that the above Student is accommodated/not accommodated.

Name of Hostel/Room Number where applicable: \_\_\_\_\_

**Directorate of Research and Graduate Studies**

I confirm that the above Student's registration has been Approved/Not approved

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_