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THE UNIVERSITY OF ZAMBIA
DIRECTORATE OF RESEARCH AND GRADUATE STUDIES
RESEARCH DEPARTMENT
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APPLICATION FOR AFFILIATION TO THE UNIVERSITY OF ZAMBIA

NAME/ _____ / _____ / _____
Family First Middle

TITLE: _____

NATIONALITY: _____

HIGHEST ACADEMIC DEGREE

Degree and Year Received: _____

Institution: _____

PROPOSED DATE OF AFFILIATION

From: _____ to _____
MM/DD/YY MM/DD/YY

PERMANENT ADDRESS

CURRENT ADDRESS (VALID FROM) TO:.....

Telephone:.....

Fax:.....

E-mail:.....

SUMMARY OF RESEARCH INTERESTS

Faculty with whom you wish to consult in the University of Zambia

Working titles for presentation you would be willing to make to centre workshops, seminars, and colloquia during the upcoming year

ADDITIONAL REQUIRED MATERIALS

- Two letters of recommendation
- Research proposal for the period of your affiliation
- Curriculum vitae listing you academic degrees (with dates), disciplines and any publications
- Recent photograph

MAIL TO: The Director
Directorate of Research and Graduate Studies
University of Zambia
P O Box 32379
LUSAKA, ZAMBIA

E-MAIL: drgs@unza or fklungu@unza.zm