



COUNCIL OF CHURCHES IN ZAMBIA

THE UNIVERSITY OF ZAMBIA

In association with

DAVID LIVINGSTONE COLLEGE OF EDUCATION



APPLICATION FORM NUMBER
(Official use only)



ATTACH 2
PASSPORT
SIZE PHOTOS
HERE

THE REGISTRAR, P/BAG 1, NAKATINDI ROAD, LIVINGSTONE, ZAMBIA
[TEL:+260977505386](tel:+260977505386)/ +260955949494 FAX +260213 321987
EMAIL: admin@dalice.edu.zm WEBSITE: www.dalice.edu.zm

APPLICATION FOR ADMISSION (DIPLOMA BY EXTENSION STUDIES)

INSTRUCTIONS:

1. Read through the instructions carefully before filling in this application form.
 2. Provide correct information where it is required.
 3. Attach all supporting certified documents (i.e. academic/professional qualifications and NRC)
 4. All applications must be addressed to the Registrar, DALICE
 5. Please write in block letters and or tick where appropriate.
 6. Attach a latest passport size photograph to your application form
 7. Closing date is 30th November 2017
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FOR OFFICIAL USE ONLY

ACCEPTED REJECTED

REGISTRAR'S COMMENT: _____

For more information contact the following 0977528293/0979308299/0977477246

PART A: PERSONAL DETAILS (Applicant completes this section in capital letters)

SNO	SUBJECT	GRADE	YEAR OBTAINED
1			
2			
3			
4			
5			

PART C: UNDERGRADUATE PROGRAMS (indicate your first (1) and second (2) choice)

SNO	SUBJECT COMBINATIONS	CHOICE
1	English Language and Social Studies	
2	English Language and Zambian Languages	
3	English Language and Physical Education	
4	English Language and Religious Education	
5	Mathematics and Physical Education	
6	Mathematics and Religious Education	
7	Mathematics and Zambian Languages	
8	Mathematics and Social Studies	
9	French and English	
10	French and Physical Education	
11	French and Social Studies	
12	Zambian Languages and Social studies	
13	Physical Education and Social Studies	
14	Religious Education and Social Studies	
15	Agricultural Science	
16	Business Studies	
17	ICT and Entrepreneurship	
18	Early Childhood	

NOTE: All the above subject combinations go with education foundation courses.

23. APPLICANT'S DECLARATION

I,hereby declare that all the details I have supplied on this application form are true and correct to the best of my knowledge. I further undertake to comply with the institution's rules and regulations (code of conduct).

Applicant's signature:.....
Date:.....

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Accepted:.....

Not accepted:

Reason for not being accepted:

.....
.....
.....
.....

Registrar's

signature:.....Date.....

NB: After completing filling in the form send it to the Registrar attaching a copy of the deposit slip of a non-refundable application fee of K120.00 made to the following account:

BANK NAME/BRANCH: INVESTRUST BANK – LIVINGSTONE BRANCH

ACCOUNT NAME: DALICE PROJECT

ACCOUNT NUMBER: 100110212282016

***Forms without a copy of the deposit slip attached will not be processed**