



QUEENSGATE COLLEGE OF HEALTH SCIENCE LTD

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 Kabolunga, Lusaka 10101
 Zambia
 info@queensgateedu.com
 +260 977 372 058
 +260 958 110 889

APPLICATION FORM

APPLICATION DETAIL

Surname : Other Names :

Date of Birth : Village/Town of Birth : Gender (Male Female):.....

Residential Address :

Postal Address :

Tel : Cell : Email :

District : Nationality : NRC No :

Next of Kin : Contact Details :

EMPLOYER / SPONSOR DETAILS

Name :

Address :

COURSE DETAILS

Course Enrolled for :

Course Duration : Day / Evening / Distance : Intake :

BGCSE RESULTS DETAILS

Year of Completion : Total Points :

SUBJECTS	GRADES	SUBJECTS	GRADES

DETAILS OF TERTIARY INSTITUTION ATTENDED AND QUALIFICATION OBTAINED (IF ANY)

NAME OF THE INSTITUTION	QUALIFICATION OBTAINED	GRADE	YEAR OF COMPLETION

I DECLARE THAT

I shall attend lessons as per the lesson time table and I shall sit for any examination on completion of the study period or when ready
 I shall pay for any extra lessons received from the institution after the lapse of the Course duration.
 The institution shall not be in any way accountable or liable for any delay on my part in sitting for examinations.
 I shall pay all external fees as calculated in accordance with the prevailing exchange rates as these rates fluctuate therefore the fees are not static like internal fees.
 I shall pay my course fees in advance on or before the 30th of every month: Failure to do so will result in a penalty /late fee of K30.00 per day.
 I understand that no amount of fees already paid shall be refundable, unless Queens College of Health Science acting on its own decides to cancel the course.
 If I decide to withdraw from my Programme of study at any time before completion for whatever reason, I am still obliged to pay the outstanding balance on my fees
 I undertake to remain a student of GUC for the entire duration of the counsel Programme, and I agree to pay one semester fee as penalty for breach of this undertaking.
THE ABOVE DECLARATION IS MADE BY THE UNDERSIGNED IN FULL AND COMPLETE UNDERSTANDING OF ITS CONTENTS THEREOF.

.....
 Signature of Student or Guardian

.....
 Date

.....
 Date of Admission

.....
 Principal's Signature