



ZAMBIA INSTITUTE FOR TOURISM & HOSPITALITY STUDIES

Academic Department – Training Manager’s Office

P/Bag E186

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APPLICATION FOR ADMISSION TO ACADEMIC YEAR: 2017

Category of Applicant: School Leaver Non School Leaver Special Case Year Completed

Student ID No: (for official use only)

1. Personal Details:

a) Surname
b) First Name
c) Middle Name

2. Sex: a) Female b) Male

3. Date of Birth: DD MM YY

4. Marital Status: Married Single Others (Specify).....

5. a) National Registration Card Number

b) If Non-Zambian {Passport No.}:..... Place of Issue:.....

c) Nationality:.....

6. Contact Details:

Telephone (Land Line): Mobile Phone:
Fax Number: E-Mail:

7. Postal Address

Post Office Box
Town
Province
Country

8. Residential Address

House No. :																				
Street Name:																				
Residential Area:																				
Town:																				
Province:																				

9. **Name of Parent or Guardian/Next of Kin:**
Address:
Tel: **Mobile:**

10. Last Secondary School/Centre Attended Contact Details:

Name:
Town/City: District: Province:

11. Last Educational Institution Attended: (Special Cases Only)

Name:
Qualification Obtained:
(Please attach certified copies of qualification)

12. Choice of Program/Course

Degree:
Diploma:
Advanced certificate:
Certificate:

13. Category of Study

Full time Part time Distance learning

14. How did you learn about Zambia Institute for Tourism & Hospitality Studies

Friends TV Radio News Paper
Other (specify).....

15. For Applicants who have previously Enrolled at the Institute

Student Name..... Program of Study.....

Year of Enrolment..... Qualification Obtained.....

16. **Indicate the appropriate option for the Financing of your Studies while at the Institute**

Family/Self Employer Other/ Specify.....

17. **Are you currently engaged in any Studies?** Yes No

If yes, state the nature of studies:.....

Qualification being sought: Examining body:.....

18. **Do you have any Physical or Communication Disabilities?** Yes No

If yes, please indicate by ticking the nature of disability

Vision Mobility Speech Hearing Other (Specify).....

19. **Are you presently Employed?** Yes No

If yes, Type of Employment:

Name of Employer:

Address of Employer:

Period of Service:

20. **DECLARATION**

I declare that the Information provided by me in this application is correct and complete. And I authorize the Zambia Institute for Tourism & Hospitality studies (ZITHS), to reserve the right to waive or reverse any offer of admission made on the basis of incorrect or incomplete information.

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Applicant's Signature **Date of submission of Application**