## TRANS-AFRICA COLLEGE OF EDUCATION



## APPLICATION FOR ADMISSION TO THE COLLEGE

FORM NO	:: RECEIPT NO.: INTAKE YEAR:	_
	INSTRUCTIONS: Provide information where appropriate and please print clearly in Block Letters. Enclose two (2) passport size photos. Attach all certified academic and supporting documents (NRC, grade 12 results, passport, marriage certificate, etc). Applications must be sent to via email to <a href="mailto:registrar@tacuzambia.org">registrar@tacuzambia.org</a> or mailed by post to P.0 Box 20167 Kitwe	
SECONDA	RY TEACHERS DIPLOMA: (tick the appropriate programme)	
	ISH & RELIGIOUS STUDIES	
MATH	EMATICS & RELIGIOUS STUDIES	
CIVIC	EDUCATION & RELIGIOUS STUDIES	
HOME	ECONOMICS	
PHYSI	CAL EDUCATION & MUSIC	
STUDENT I	NFORMATION:	
1. Na	me: (Other names)	
2. Nat	(Surname) (Other names) tional Registration Card Number :// Passport Number:	
	tionality:	
	:: (M/F)	
	rital Status:	
6. Dat	(Single) (Married) (Widowed) (Divorced) (Remarried) (Polygamous) te of Birth:	
	igious Denomination:	
CONTACT I	DETAILS: ephone No: Mobile Phone No:	
	ail Address:	
	stal Address:	
	sidential Address:	
NEXT OF K		
	me: Relationship:	
	sidential Address:	
	bile Phone No:	
SPONSOR: 2. Nai	me: Relationship:	
3. Mo	bile Phone No:	

## STATE BELOW SECONDARY SCHOOL CERTIFICATE RESULTS [The best five (5)]

SUBJECT

1

2					
3					
4					
5					
			RMATION GIVEN HEREIN  DATE:	IS TRUE AND CORRECT.	
FOR OFFICIAL US	E ONLY:				
1. CERTIFICATE SCO	ORE:	_			
2. APPLICATION:	Successful	Unsuccessful			
3. COMMENT/S					
4 DEAN'S SIGN	IATIIRE•		DATE:		

GRADE OBTAINED

YEAR PASSED

**Trans-Africa Christian University** P O Box 21067 KITWE - ZAMBIA

P O Box 21067 KITWE - ZAMBIA Plot 2580/M Itimpi, Off Government Road, KITWE Tel: +260 212 239037

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