I declare that all statements on this application form and any material filed in support here of are true, correct and complete and all required information has been disclosed. I acknowledge that providing incorrect information or withholding relevant information may result in the University withdrawing any offer of a place and that withdrawal may take place at any stage during the course of study.

C	during the course of study.						
9	Signature of Applicant date://						
ļ	APPLICATION CHECKLIST:						
F	Please ensure that you have done the following:						
,	 Attached a passport size photo on form. Sent reference letters to the Director, Dean of Studies, Lahiba University Institute. Attached photocopies of both Academic and Professional certificates on each discompleted form. Attached photocopies of your transcripts 						
forw	TE: Once your application is received at the campus and confirmed as complete, it will be varded to the office of the Director, Dean of Studies for further action. To Be Completed By the University						
RI	ECEIPT OF APPLICATION FORM						
Da	ate of receipt:/						
Na	ame of receiving officer:						
	Department/Faculty of ommends that the above application be:						
i.	Accepted, and can confirm thathas agreed to act as Academic Adviser.						
	Or						
ii.	Rejected						
Sign	ature:						
Plea	se print name:						
Date							



Student Photograph

Application for Graduate Admission 2025/2026

1			.

Sumposo /Foreity Nor						
Surname/Family Nam	ne:					
Other Names						
Date of Birth:	/					
	Day month year					
Gender:	☐ Male ☐ Female					
Marital Status:	☐ Single ☐ Married ☐ others					
Citizenship:						
ID/Passport N°						
Telephone:						
Email:						
Fax:						
Current Address:						
Permanent Address	(if different from the Current address)					
Previous and C	Surrent Education					
I. SECONDARY/HIGH SCHOOL (S) ATTENDED:						

II. UNIVERSITY EDUCATION OR EQUIVALENT QUALIFICATIONS OBTAINED:

State the dates you attended University and the degrees you obtained including the classification. (Attach to the certificates and academic transcripts showing the grades obtained in each course).

a. FIRST DEGREE:						
	i.	University Attended:				
	ii.	Dates Attended:				
		Field of Study:				
	iv.	Degree Awarded:(e.g. B.Tech. Upper 2 nd Class Honours)				
	٧.	Date awarded:				
b.	SEC	ND DEGREE:				
	i.	University Attended:				
	ii.	Dates Attended:				
	iii.	Field of Study:				
iv. Degree Awarded:						
	٧.	Date awarded:				
	DEC	EADOU EVDEDIENCE (if any)				
		EARCH EXPERIENCE (if any) publications, research reports, dissertation, thesis etc). attach separate sheet if necessary).				
_	EMP sitio	PLOYMENT RECORD: n Place of Employment date of Emploment (From - To)				
f.	Wha	at languages do you speak?				

Application Details:

Admission is requested as follows:

MBA AND M.Ed PROGRAMMES

Department of Accountancy	Department of Management						
Accounting and Taxation (ATA)	Local Government Management (LGM)						
Accountancy, Auditing and Internal Control (ACAU)	Operations and Supply Chain Mgt (OSCM)						
	Human Resource Management (HRM)						
Department of Banking and Finance	Project Management (PRM)						
Finance and Investment (FIN)	Health Policy Management (HPM)						
MicroFinance Management (MFIM)	Information and Communication Mgt						
	M.Ed PROGRAMMES						
Department of Marketing	Curriculum Studies and Teaching (CST)						
Digital and International Marketing (DIIM)	Educational Admin. and Management						
	Clinical Counseling (CLIC)						
III. ACADEMIC REFEREES Request your referees to write confidential report directly to the Director, Dean of Studies-							
email. Give names, contacts and designation of two referees.							
REFEREE 1							
Name, Title and Address:							
Tel: Emai	l:						
REFEREE 2							
Name, Title and Address:							
Tel: Emai	l:						