



**NATIONAL SCHOOL OF LEADERSHIP**

Internationally Accredited by

**PhD Institute with Business University of Costa Rica**

**USA, EUROPE, ASIA, ISRAEL**

**APPLICATION FORM**

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| **Personal Information** |

Last /Family Name ………………………….First Name……………Middle Name……………..

**Gender \_.....……………………… Date of Birth** (MM/DD/YYYY)…………………

**Place of Birth (City):** ………………………. **State / Province/ Country** …………………

**Nationality**…………………………………………………………………..

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| **Residential Address** |

Street: \_\_\_\_

City: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ State / Province …………………Zip / Postal Code ……………..

Country \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone **\_** \_\_ Fax \_\_\_\_\_\_\_\_Email … …….

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| **Mailing Address** |

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City

State / Province \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip / Postal Code \_\_\_**10101**\_\_\_\_\_

Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zambia\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanent Mailing Address**

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| **Course Applied For** |

Course Title ……………………In: …………………………..

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| **Transcripts** |

Transcripts from all colleges or universities you have attended must be included with your application. Please list below the names of these institutions, dates of attendance and the awards you have received or expect to receive.

**Institution and Degree Awarded** **Date Received or Expected**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Working Experience** (in chronological order) |

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| **Declaration and Verification** |

I declare that all the particulars in this application are true and correct to the best of my knowledge and I understand that any false information will lead to the disqualification of my application. I fully understand that the institution only provides offshore distance learning and research degree courses and the granting of degrees is in accordance with the accreditation and collaboration with other international universities. I accept the accreditation status and concept of the Degree Programs via the dual degree program.

Applicant’s Signature……………………………….. Date: ……………………………