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E-mail: admission-international@udm.ac.mu

Web site: www.udm.ac.mu

INTERNATIONAL STUDENTS

APPLICATION FOR ADMISSION ACADEMIC YEAR 2024

<u>Undergraduate Programmes</u>

	For Office use only				
App. N°.					
Date Received:					

PLEASE USE CAPITAL LETTERS / ECRIVEZ EN LETTRES MAJUSCULES						
Surname Nom de famille						
Other Name Prénom						
Maiden name Nom de jeune fille						
National ID / Passport No Numéro de						
Place of Birth lieu de naissance						
2						
Address of correspondence in Mauritius (if you live here) Adresse à Maurice						
Address of correspondence for overseas student Adresse permanente						
Tel 🕋						
Email						
Please tick as appropriate / Veuillez cocher la case appropriée						
3. Date of Birth Date de naissance DD MM YYYY 4. Sex /Gender Sexe Male(M) Female(F)		exe	5. Marit Married <i>Marié</i>	al Status Single Célibataire	6. Nationality Nationalité	

(i)		(ii)	(iii)	
DUST		FULL - TIME	YEAR 1 / L1	
DULT/BSC		PART - TIME	YEAR 3/L3 / (Top up)	
BENG				
5. COURSE APPLIED F	OR (in order of	preference)		

6. EDUCATIONAL DETAILS (Note: Qualifications obtained <u>after</u> the closing date will <u>not</u> be considered)

Details of Secondary schools and / or other Educational Institutions attended:

INCTITUTIONS	ENT	ERED	LEFT		
INSTITUTIONS	Month	Year	Month	Year	

7. COLLEGE, ACADEMIC AND PROFESSIONAL RESULTS

Instead of filling the tables 7.1 - 7.3 below, you may instead provide a certified copy of your mark sheets, detailed results slips etc. List in 7.1 and 7.2 below all subjects taken, including failures, in exactly the same order as presented on your certificates.

NOTE: Original one should be presented upon arrival in Mauritius on registration day at the University failing which your admission to the university will be withheld.

	7.1 SC/ GCE "O" LEVEL/equivalent RESULTS	GRADES (e.g. 1, 2, 3 or A	, B, C,)	For Office use only
	Date of attempt (Month / Year) →				
	SUBJECTS	1 st Attempt	2 nd Attempt	3 rd Attempt	
1					
2					
3					
4					
5					
6					
7					
8					
9					_
10					

7.2 HSC/ GCE A-LEVEL/BAC RESULTS	GRADES (e.g. 1, 2, 3 or A	For Office use only	
Date of attempt (Month / Year) ->				
SUBJECTS	1 st Attempt	2 nd Attempt	3 rd Attempt	
PRINCIPAL / ADVANCED LEVEL		- 1		
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10				
SUBSIDIARY LEVEL				
1. General Paper				
2.				
3.				
4.				

7.3	7.3 LANGUAGE CERTIFICATES (mandatory)-tick as appropriate and attach certificate at time of application						
1	ENGLISH – IELTS CERTIFICATE ACADEMIC VERSION OR TOEFL CERTIFICATE						
2	FRENCH-DELF CERTIFICATE-B2						

7.4 OTHER ACADEMIC AND PROFESSIONAL QUALIFICATIONS

(Note: Qualifications obtained $\underline{\textbf{after}}$ the closing date will $\underline{\textbf{not}}$ be considered)

C/D					G	irade	Duration		
	Cou	rses/Progra	ammes		Institutions	Aw	arded	From	То
1.									
2.									
۲.									
3.									
4.									
8	7.5 Are you preparing for any other examination? Yes No If yes, indicate the course and approximate examination period. 8. Give all relevant information about previous and present employment, if applicable. If you are not in any employment, give details of any relevant industrial training you might have done during your studies at school.								t in
	•	_		Nama	2 Address of	Positi	on.		
	From	_	О	Name & Address of Employer/Firm		r Address of		Job Description	
Month	Year	Month	Year			Held	d		
9. THIS SUB-SECTION SHOULD BE FILLED IN IF THE APPLICANT IS EMPLOYED. DETAILS OF EMPLOYER:									
Name:Phone N°:									
Address:					Mobile N°:				
						Fa	ıx N°:		
A	ttached Mi	nistry (if Go	ovt. Job):						
	Attached Ministry (if Govt. Job):								

NOTE: You <u>must</u> attach a letter from the employer certifying your employment with him.

A sponsored applicant is one who will be released and the university fees will be settled by the employer.

DECLARATION OF EMPLOYER
I/ We hereby agree to Mr/Mrs/Missapplying to the courses indicated in this application form at the Université des Mascareignes and I/ We undertake to release him/ her to follow the said course if he/ she is selected.
Name: SEAL OF EMPLOYER
Position
Signature Date //
10. Have you any particular career in view? Yes No
If yes, please specify:
11. SCHOLARSHIP FOR THE APPLIED COURSES
Have you applied or planning to apply for a scholarship? (Please tick as appropriate) No Yes
If the answer is YES, please tick on the chosen scholarship below:
MAURITIUS-AFRICA
Other scholarship Please mention the scholarship:
12. THIS SECTION SHOULD BE FILLED IN BY YOUR PARENT/GUARDIAN IF YOU ARE <u>UNDER 18 YEARS</u> OF AGE
Name of parent/guardian: Phone N°:
Address:
Occupation:
Fax No:

DECLARATION OF PARENT/GUARDIAN	
I/we,	, parent/guardian of Mr/Miss/Mrs , hereby consent to him/her applying to the courses in
this form and agree to be bound with him/her for	, , , , ,
Date////	Signature
13. OBTENTION OF A FIRST CERTIFICATE, DIPLON	MA OR AN UNDERGRADUATE DEGREE
Are you already holder of a certificate, diploma o	or undergraduate degree? (Please tick as appropriate)
No Yes	
If yes please provide details of the obtention of th institution/University attended:	ne certificates, including the year and the
44 THIS SECTION MALIST DE EILLED IN DV ALL ADD	DILCANTS
14. THIS SECTION MUST BE FILLED IN BY ALL APP	
	, solemnly declare that if admitted to the
	or which I am selected till its termination, that I will inform ithdraw from the course; and that I will conform to all rules
	in advance all fees and dues required and I also declare that
all the above given information is true and correct.	,
Date///	Signature
	FICE USE ONLY
Administration department Verified by:	Finance department
vermed by.	Receipt N°.
Name:	
	Name:
Signature:	Date://
Date://	Amount: Rs
Remarks:	Signature: