



UNIVERSITÉ DES
MASCAREIGNES

SAVOIR, C'EST POUVOIR

Rose Hill Campus
Avenue de la Concorde
Roche Brunes. Rose Hill
☎: (230) 460-9500

Pamplemousses Campus
Beau Plan
Pamplemousses
☎(230) 260-4500

E-mail: applocal@udm.ac.mu

APPLICATION FOR ADMISSION INTAKE 2026

MAURITIAN / RODRIGUAN APPLICANTS

For Office use only

*This duly filled form must be accompanied by scanned copies (pdf/jpeg) of your (i) identity card and/or passport, (ii) birth certificate, (iii) academic/professional certificates and mark sheets, (iv) recent passport size photo, (v) testimonial and/or letter of recommendation (optional). **Non-refundable** application fee: Rs 700 for residents.*

App. N° :

Date Received:

Signature:

1. Personal Details (Please capitalize the first letter of names.)

Surname:

Other Names:

Maiden Name:
(if married)

National Id/Passport No

Place of Birth:

Address for
correspondence

Line 1

Line 2

Town/Village

E-Mail address:

Date of Birth

Phone:

Home:

Mobile:

Office:

Gender

☐ Male

☐ Female

Marital Status

☐ Married

☐ Single

Nationality

2. Details of courses applied

Course Level

Mode of study

Entry Level

Courses applied for (in order of preference)

1.

2.

3.

FBM – Faculty of Business & Management

FICT – Faculty of Information & Communication Technology

FSDE – Faculty of Sustainable Development & Engineering

3. Educational Details (Note: Qualifications obtained after the closing date will not be considered)

Details of Secondary schools and/or other Educational Institutions attended

Institution	Entered		Left	
	Month	Year	Month	Year

Academic and Professional Results

Note: Originals will have to be presented on registration day at the University

	SC/GCE "O" LEVEL 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					

	HSC/GCE "A" LEVEL Results	GRADES (e.g 1,2,3 or A,B,C,...)			For Office Use
	Date of Attempt (Month/Year)				
	SUBJECTS	1 st Attempt	2 nd Attempt	3 rd Attempt	
PRINCIPAL / ADVANCED LEVEL					
1					
2					
3					
SUBSIDIARY LEVEL					
1					
2					
3					
4					

In case the above results is not HSC/GCE 'A' Level, please complete the next section

Results of type:

Speciality (e.g. ELT):

Grades:

4. Other Academic and Professional Qualifications

	Courses/Programmes	Institutions	Grade Awarded	Duration	
				From	To
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Provide all relevant information about previous and present employment, if applicable. If you are not in any employment, provide details of any relevant industrial training you might have performed during your studies at school.

From	To	Name & Address of Employer / Firm	Position Held	Job Description
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>			

6. This Sub-Section should be filled if the applicant is currently EMPLOYED.

Details of Employer

Name:	<input type="text"/>	Phone N°:	<input type="text"/>
Address:	<input type="text"/>	Mobile N°:	<input type="text"/>
		Fax No:	<input type="text"/>
Ministry (if public sector)	<input type="text"/>	Email:	<input type="text"/>

7. Obtention of a first Certificate, Diploma or an Undergraduate Degree

Are you holder of a Certificate, Diploma or an Undergraduate Degree? ☐ No ☐ Yes

If 'Yes', please provide details below:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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8. This Section must be filled by all applicants

I, , solemnly declare that if admitted to the University, I will diligently follow the course of study for which I am selected till its termination, that I will inform the University in writing and without delay if I withdraw from the course and that I will conform to all rules and regulations of the University. I certify that I will pay in advance all fees and dues required and I also declare that all the above given information is true and correct.

Date:

OFFICE USE ONLY

<u>Administration Department</u>	<u>Finance Department</u>					
Verified by:	Receipt No:					
Name:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
Signature:	Name:					
Date:/...../.....	Date:/...../.....					
Remarks:	Amount: Rs					
	Signature:					