

### **REPUBLIC OF MAURITIUS**

#### MINISTRY OF EDUCATION, TERTIARY EDUCATION,

SCIENCE AND TECHNOLOGY

# Mauritius-Africa Scholarship Application Form for Postgraduate Programmes

2024 Edition

For Office Use Only

Reference Number	
Received on	
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## **MAURITIUS-AFRICA SCHOLARSHIP**

The Government of Mauritius is awarding scholarships to deserving students who are resident citizens of member states of the African Union or of an African Commonwealth country to pursue higher studies in a registered public Higher Education Institution (HEI) in Mauritius.

The duly completed application form should be submitted through the *Nominating Agency* of the respective countries. A list of Nominating Agencies can be found on the website of this Ministry at <u>https://education.govmu.org/Pages/Mauritius-Africa-Scholarship-Scheme-(MASS)-2024.aspx</u>.

No direct application to the Mauritian Ministry of Education, Tertiary Education, Science & Technology will be entertained.

# **APPLICATION CHECKLIST**

Application Form (Section 1 to 6) duly filled	
Copy of Birth Certificate	
Copy of biodata page of passport, if available	
Copies of all educational certificates	
Copies of transcripts of educational certificates	
Abridged Research plan	
Supporting statement from a named supervisor (for MPhil/PhD applicants)	
Endorsement by Nominating Agency (Section 5)	
Medical certificate filled and signed by a Registered Medical Practitioner (Section 6)	
Copy of letter of conditional offer by a public HEI in Mauritius <b>OR</b> copy of acknowledgement notice from the HEI or copy of receipt of payment of application fees	
ORIGINAL CERTIFICATES SHOULD NOT BE SENT WITH THE APPLICATION	FORM

#### Further information

A list of the registered public HEIs offering full-time on-campus higher education programmes can be found at **Section 8** of the *Guidelines for Applicants* or from the website of Higher Education Commission(<u>https://www.hec.mu/hei</u>)

SECTION ONE: PERSONAL INFORMATION								
Your family name and ot on your passport or birth	ner names should be the same as the official names certificate.							
First Name(s) (in BLOCK letters)		Attach a recent passport sized photograph of						
Family Name (Surname) (in BLOCK letters)		yourself						
Gender	□ MALE □ FEMALE Date of Birth (dd/mm/yyyy)							
Place of Birth								
Country of citizenship		Please list second country if you have						
2 <sup>nd</sup> Country of citizenship		dual citizenship						
Passport Number	Passport expiry (dd/mm/yyyy)							
participate in the propo asthma, diabetes, signifi hearing loss, etc.)	Indicate whether you have any conditions that might affect your ability to participate in the proposed study programme (e.g. Pregnancy, epilepsy, asthma, diabetes, significant visual impairment, motor disability or significant hearing loss, etc.)							
or support you may requ	ES', provide brief details of the condition(s) and any s ire to complete your programme of study on a sepa our doctor's assessment of your needs.							
YOUR CONTACT DETAILS Please provide an address at which the outcome of this application can be communicated to you.								
Full Address (in BLOCK letters)								
Home Phone Number (including country code)	+							
Mobile Phone Number (including country code)	+							

Email Address

EMERGENCY CONTACT DETAILS Person to be contacted in case of emergency, if different from the above.								
Name (in BLOCK letters)								
Relationship to you (in BLOCK letters)								
Full Address (in BLOCK letters)								
Home Phone Number (including country code)	+							
Mobile Phone Number (including country code)	+							
Email Address								

## SECTION TWO: DETAILS OF ACADEMIC QUALIFICATIONS

Certified copies of academic qualifications, together with the mark sheets, must be provided. The qualifications are to be listed in chronological order.

State qualifications obtained at Secondary School Level prior to end of secondary qualification and the Awarding Body

(eg Higher School Certificate/ Cambridge CIE, GCE Advanced Level/ Cambridge CIE, Baccalaureate/ IB Geneva.., etc):

	<u></u>			<i>J</i> DOUY	
	S	UBJECTS		GRADES/MAR	KS
Name of					
Institution					
Address of Institution					
mstitution					
Start Date			End Date		
(mm/yyyy) State Qualifi	ations obtained at		(mm/yyyy)	L ovol and the /	Awarding Pody
(eq School Cert	ficate/ Cambridge CI	E, GCE Ordinary	Level/Cambri	idge CIE , GCSE/ E	dexcel, Diplôme
	et/NCFE, etc):	, <b>,</b>		0	
Qualification:			/ Awarding	a Body:	
		UBJECTS		GRADES/MAR	
	-				
Name of Institution					
Institution					
Institution Address of					
Institution Address of Institution					
Institution Address of			End Date (mm/yyyy)		

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State qualification obtained at Higher Education Level:																			
Name of Award (e.g BSc (Hons) Biology)																			
Name of Institution																			
Address of Institution																			
Grade Achieved (e.g 1 <sup>st</sup> Class)																			
CPA/GPA or Percentage Achieved	ercentage GPA : Or Percentage Achieved :%																		
Start Date (mm/yyyy)					End Date (mm/yyyy)														
State any other qu	alifica	tions	s obt	aine	d at	terti	iary	lev	el(at	ttacł	n ad	ditic	onal	she	ets	if re	quire	ed):	
SN Awarding B	ody			Name of Award					Start Date		End Date			Gra Acl	ide niev	ed			
1																			
2																			
3																			
List details of relevant academic distinctions or prizes received, if any.																			
List any scholarship received, if any. ( <i>Provide details suc</i> <i>the scholarship(s), t</i> <i>or course undertake</i> <i>completed.</i> )	h as a he qua	luratio alifica	on of ation																

## SECTION THREE: PROPOSED COURSE OF STUDY

Provide details of the public Higher Education Institution(s) and programme(s) of study you have applied for in Mauritius.

Copy of a **letter of offer** from the public Higher Education Institution(s) must accompany this application. The information below must match the information in the correspondence from the Higher Education Institution(s).

NAME OF HIGHER EDUCATION INSTITUTION	PROGRAMME OF STUDY	COURSE CODE

#### **SECTION FOUR: DECLARATION**

#### CONDITIONS OF THE SCHOLARSHIP

If I am awarded a scholarship under the Mauritius-Africa Scholarship Scheme, I agree that the scholarship may be terminated if I do not comply with the conditions attached to it. I will also abide by the '**Guidelines for Applicants**' and understand that I:

• will be eligible for tuition fees (paid directly to the HEI) as per grid below;

SN Beneficiaries from		Applicable Rate	Total fee payable up to		
1	SADC Countries	Local Fees	MUR100,000		
2	Non-SADC Countries	International Fees	MUR160,000		
-					

(as at 15 November 2023, 1 USD = MUR 44.66)

- will be eligible for an assistance to meet living expenses of not more than MU14,200 monthly;
- will be eligible for refund of the student airfare (economy class) by the most economical route to Mauritius at the start, and airfare to my home country upon successful completion of studies;
- will accept the scholarship only for the approved study programme for which it is offered and that **no changes whatsoever will be allowed**;
- will comply with the rules and regulations of the Higher Education Institution;
- will agree to the disclosure of information pertaining to my academic progress to the relevant Mauritian authorities for administrative purposes;
- will have to comply with all the laws of Mauritius, including immigration laws, and I will be solely responsible for my actions;
- will leave Mauritius at the end of my studies;

#### DECLARATION

This section must be completed and signed by the applicant.

Note that incomplete, inadequate or inaccurate filling of the form may result in the applicant's elimination from consideration. Any false information given or concealment of any relevant information may lead to termination of the scholarship.

Date: .....

Signature: .....

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## SECTION FIVE: NOMINATING AGENCY ENDORSEMENT

This section is to be completed by an authorised officer of the Nominating Agency in the count	ry of
citizenship of the applicant.	

As the Nominating Agency on behalf of the Government in the country of origin of the applicant,

I nominate (fill in Name of Applicant):


for a Mauritius-Africa Scholarship on behalf of the Government of: (fill in Country name)

Name of Authorising Officer	
Name of Official Nominating Agency (e.g Ministry of Education)	
Position	
Email	
Website (if any)	
Signature	
Date	/ dd/mm/yyyy
Official Stamp/Seal	

#### SECTION SIX: MEDICAL CERTIFICATE (To be filled by a Registered Medical Practitioner)

1. PERS	ONAL DE	TAILS OF CANDID				
Surname						
Other Names						
Date of Birth			Ge	ender		
Nationality			Pa	ssport No.		
Occupation					I	
2. MEDIC						
General Medi Examination	cal					
Cardiovascul	ar Systen	1				
Respiratory S	System					
Alimentary S	ystem					
Urinary Syste	em					
Central Nervo	ous Syste	m				
Past Medical						
(please give d Pregnancy (if						
Any Others		·				
(Please give d	letails, if a	וע)				
3. ADDIT	IONAL RI	MARKS OR INVE	STIGATIO	NS, (IF ANY	)	
					,	
4 DF	CLARATI	ON				
						-
l hereby decla communicable		applicant is <b>NOT</b> s	suffering fro	om any infect	tious or	
Full Name of	Doctor					SEAL OF
Address (C Country)	ity and					MEDICAL
Tel No.			Fax No.			INSTITUTION
Email						
Signature			Date			