

REPUBLIC OF MAURITIUS

MINISTRY OF EDUCATION, TERTIARY EDUCATION,
SCIENCE AND TECHNOLOGY

Mauritius-Africa Scholarship Application Form for Undergraduate Programmes

2020 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 http://ministry-education.govmu.org/English/educationsector/Pages/Tertiary-Education.aspx

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 end of secondary school level educational certificates (e.g GCE 'O' level or IGCSE or A level or Baccalaureate)	
Copies of transcripts of end-of-secondary school results	
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 higher education institution in Mauritius OR copy of acknowledgement notice from the HEI	

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 Tertiary Education Commission http://www.tec.mu/public institutions

SECT	ON ONE: PERSONAL INFORMATI	ON						
Your family name and otle 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 nd Country of citizenship		dual citizenship						
Passport Number	Passport expiry (dd/mm/yyyy)							
ability to participate in the diabetes, significant visuoloss, etc.) A 'YES' answer will not	Indicate whether you suffer from any illness or disability that might affect your ability to participate in the proposed study programme (e.g. epilepsy, asthma, diabetes, significant visual impairment, motor disability or significant hearing loss, etc.) A 'YES' answer will not affect your chances of obtaining a scholarship.							
requirements or support	YES', provide brief details of the illness or disabilyou may require to complete your programme of study a copy of your doctor's assessment of your needs.							
YOUR CONTACT DET Please provide an address	AILS s at which the outcome of this application can be con	nmunicated to you.						
Full Address (in BLOCK letters)								
Home Phone Number	+							
(including country code) Mobile Phone Number (including country code)	+							
(including country code) Email Address								

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	Have you ever taken a TOEFL or IELTS (for English) or DILF/DELF/ DALF (for French) test? If YES, provide date and score (attach documentary evidence).																					

SECTION TWO: DETAILS OF ACADEMIC QUALIFICATIONS

Certified copies of academic qualifications, together with the mark sheets, must be provided. The most recently completed qualification is to be listed first.

(eg Higher School Geneva, etc):	tion obtained at end of Secondary School Le	/ Cambridge CIE, Baccal	aureate/ IB
	SUBJECTS	GRADES/MARKS	
Name of			
Institution			
Address of Institution			
Start Date (mm/yyyy)	End Date (mm/yyyy)		
State other Quality (eg School Certific National du Brev	ualifications obtained at Secondary Level a ficate/ Cambridge CIE, GCE Ordinary Level/Cambri et/NCFE, etc):	nd the Awarding Bod idge CIE , GCSE/ Edexco	l y el, Diplôme
Qualification:	/ Awarding		•••••
	SUBJECTS	GRADES/MARKS	
Name of Institution			
Address of Institution			
Start Date (mm/yyyy)	End Date (mm/yyyy)		

State qualification	obtained	d after	Sec	onda	ary S	Scho	ool a	and	the	Aw	ardi	ng l	Body	y (if	any	/):		
Name of Institution																		
Address of Institution																		
Start Date (mm/yyyy)							nd E											
State qualification required):																		
Name of Institution																		
Address of Institution																L		
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List details of releval distinctions or prize any.																		
List any scholarship received, if any. (Provide details suc the scholarship(s), or course undertake completed.)	ch as dura the qualifi	ation o ication	,															

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** <u>or</u> **acknowledgement notice** 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).

PROGRAMME OF STUDY	COURSE CODE
	PROGRAMME OF STUDY

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	Tuition Fee paid up to		
1	SADC Countries	Local Fees	MUR100,000		
2	Non-SADC Countries	International Fees	MUR160,000		
(00	at 10 November 2010, 1 LISD	MLID 36 03/			

(as at 19 November 2019, 1 USD – MUR 36.93)

- will be eligible for an assistance to meet living expenses of not more than MU12,500 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;

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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.

l,	(full name), the
undersigned, declare that the particulars in this and the last and the last and material fact.	••
Date:	Signature:

SECTION FIVE: NOMINATING AGENCY ENDORSEMENT This section is to be completed by an authorised officer of the Nominating Agency in the country 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**/ dd/mm/yyyy **Date** Official Stamp/Seal

		CTION SIX: No be filled by a Re				
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Other Name	s					
Date of Birtl	n		Ge	nder		
Nationality			Pa	ssport No.		
Occupation			I			
2. MED	ICAL EXAM	MINATION				
General Med						
Examination Cardiovascu		n				
Respiratory						
Alimentary	System					
Urinary Sys	tem					
Central Nerv	vous Syste	m				
Past Medica (please give		21/)				
Any Others						
(Please give	details, if a	ny)				
3. ADDI	TIONAL RI	EMARKS OR INVE	STIGATIO	NS, (IF ANY)	
4. D	ECLARATI	ON				
I hereby decl		s applicant is NOT s	suffering fro	om any infec	tious or	
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Full Name o	f Doctor					DOCTOR OR
Address (Gountry)	City and					MEDICAL
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Signature			Date			