

## **REPUBLIC OF MAURITIUS**

#### MINISTRY OF EDUCATION, TERTIARY EDUCATION,

SCIENCE AND TECHNOLOGY

# Mauritius-Africa Scholarship Application Form for Postgraduate Programmes

2021 Edition

For Office Use Only

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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 <a href="http://ministry-education.govmu.org/English/educationsector/Pages/Tertiary-Education.aspx">http://ministry-education.govmu.org/English/educationsector/Pages/Tertiary-Education.aspx</a>

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				
Detailed study/research plan (750 words for Masters and 1500 words for MPhil/PhD)				
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 higher education institution in Mauritius <b>OR</b> copy of acknowledgement notice from the HEI				
ORIGINAL CERTIFICATES SHOULD NOT BE SENT WITH THE APPLICATION FORM				

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>http://www.tec.mu/public\_institutions</u>

SECTION ONE: PERSONAL INFORMATION					
Your family name and ot on your passport or birth		e same as the official names			
First Name(s) (in BLOCK letters)			Attach a recent passport sized photograph of		
Family Name (Surname) (in BLOCK letters)			yourself		
Gender		Date of Birth (dd/mm/yyyy)			
Place of Birth					
Country of citizenship			Please list second		
2 <sup>nd</sup> Country of citizenship			dual citizenship		
Passport Number		Passport expiry (dd/mm/yyyy)			
Indicate whether you suffer from any illness or disability that might affect your ability to participate in the proposed study programme ( <i>e.g. epilepsy, asthma, diabetes, significant visual impairment, motor disability or significant hearing loss, etc.</i> )					
If you have answered 'YES', provide brief details of the illness or disability and any special					
requirements or support you may require to complete your programme of study on a separate sheet of paper. Please attach a copy of your 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.						
<b>Full Address</b> (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.					
<b>Name</b> (in BLOCK letters)						
Relationship to you (in BLOCK letters)						
<b>Full Address</b> (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):

Qualification: ......

Qualification:			, Boay:	
	SUBJE	CTS	GRADES/MARKS	
Name of Institution				
Address of Institution				
institution				
Start Date		End Date		
(mm/yyyy) State Qualific	tions obtained at end	( <i>mm/yyyy</i> ) of Secondary School	Level and the Awar	ding Body
(eg School Cert	cate/ Cambridge CIE , GCI	E Ordinary Level/Cambri	dge CIE , GCSE/ Edexc	cel, Diplôme
National du Bre	et/NCFE, etc):			
Qualification:		/ Awarding	g Body:	
	SUBJE	CTS	GRADES/MARKS	
Name of Institution				
Institution				
Institution Address of				
Institution				

Mauritius-Africa Scholarship Scheme 2021

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	GPA :%																		
Start Date (mm/yyyy)								nd E nm/y											
State any other qu	alifica	tions	s ob	taine	d at	terti	iary	lev	el(at	tach	n ad	ditic	nal	she	ets	if re	quire	ed):	
SN Awarding B	ody			Nan	ne o	f Aw	ard					tart ate			nd ate		Gra Ac	ade hiev	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),</i> <i>or course undertake</i> <i>completed.</i> )	ch as o the 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** <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).

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	Tuition Fee paid up to				
1	SADC Countries	Local Fees	MUR100,000				
2	Non-SADC Countries	International Fees	MUR160,000				

(as at 18 January 2021, 1 USD – MUR 39.55)

- 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;

#### 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.

I, .....(full name), the undersigned, declare that the particulars in this application are true and accurate, and that I have not willfully suppressed any material fact.

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	<i>in the country of</i>
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 PFR	SONAL		S OF CAN				
Surname							
Other Name	es						
Date of Birt	h				Gender		
Nationality					Passport No.		
Occupation							
2. MEDICAL EXAMINATION							
General Mee							
	Cardiovascular System						
Respiratory							
Alimentary	System						
Urinary Sys	tem						
Central Ner	vous Sy	vstem					
Past Medical History (please give details, if any)							
Any Others							
(Please give details, if any)							
3. ADDITIONAL REMARKS OR INVESTIGATIONS, (IF ANY)							
4. DECLARATION							
L boroby declare that this applicant is <b>NOT</b> suffering from any infectious or							
I hereby declare that this applicant is <b>NOT</b> suffering from any infectious or communicable disease.							
Full Name of Doctor							SEAL OF
		•					DOCTOR OR
Address (City and							
Address ( Country)	nd					MEDICAL	
Tel No.				Fax I	No.		INSTITUTION
Email							·
Signature				Date			