

REPUBLIC OF MAURITIUS

MINISTRY OF EDUCATION, TERTIARY EDUCATION,

SCIENCE AND TECHNOLOGY

Mauritius-Africa Scholarship Application Form for Undergraduate Programmes

2024 Edition

For Office Use Only

Reference Number	
Received on	
Received by	

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 https://education.govmu.org/Pages/Mauritius-Africa-Scholarship-Scheme-(MASS)-2024.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 Higher Education Commission (<u>https://www.hec.mu/hei</u>)

SECT	ON ONE: PERSONAL INFORMATI	ON
Your family name and otl on your passport or birth	er 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)	
participate in the propo asthma, diabetes, signific hearing loss, etc.)	ve any conditions that might affect your ability to sed study programme (<i>e.g. Pregnancy, epilepsy</i> cant visual impairment, motor disability or significan affect your chances of obtaining a scholarship.	
or support you may requ	S', provide brief details of the condition(s) and any re to complete your programme of study on a sepa pur doctor's assessment of your needs.	
YOUR CONTACT DET Please provide an addres	AILS s at which the outcome of this application can be cor	nmunicated to you.
Full Address (in BLOCK letters)		
Home Phone Number (including country code)		
Mobile Phone Number (including country code)	+	

Email Address

DETAILS OF GUARDI	AN	IN Y	10	JR (CO	UN	ITR	10	FC)IT	IZE	EN	SH	IP				
Name (in BLOCK letters)																		
Relationship to you (in BLOCK letters)																		
Occupation (in BLOCK letters)																		
Nationality (in BLOCK letters)																		
Full Address (in BLOCK letters)																		
Home Phone Number (including country code)	+																	
Mobile Phone Number (including country code)	+																	
Email Address																		

EMERGENCY CONTACT																	
Person to be contacted in	cas	e of	em	erge	ency	y, if	diffe	erer	nt fro	om t	the	abo	ve.				
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																	

	GE PROFICIE					
	EN	GLISH			FRENCH	
Written	□Good	🗆 Fair	Poor	□Good	□ Fair	Poor
Spoken	□Good	🗆 Fair	Poor	□Good	🗆 Fair	Poor

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.

01-1			
(eg Higher Scho Geneva, etc):	ation obtained at end of Secondary School La ol Certificate/ Cambridge CIE, GCE Advanced Level / Awardin	l/ Cambridge CIE, Bacca	laureate/ IB
	SUBJECTS	GRADES/MARKS	
Name of Institution			
Address of			
Institution			
Start Date			
(mm/yyyy)	(<i>mm/yyyy</i>)		
(eg School Certi National du Brev	Jalifications obtained at Secondary Level an ficate/ Cambridge CIE , GCE Ordinary Level/Cambri vet/NCFE, etc): / Awardin	ridge CIE , GCSE/ Edexc	el, Diplôme
	///waran	Ig Douy	
	SUBJECTS	GRADES/MARKS	<u></u>
	SUBJECTS	GRADES/MARKS	. <u></u>
	SUBJECTS	GRADES/MARKS	
Name of Institution		GRADES/MARKS	

State qualification	obtai	ined	afte	er Se	con	dary	Sch	ool (and	the	Aw	ard	ing	Bod	l y (if	f any	/):		
Name of Institution																			
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State qualification required):	obtai	ined	at T	ech	nica	I and	Voc	atio	onal	Lev	vel (atta	ch a	dditi	ona	l she	eets	if	
	······																		
Name of Institution																			
Address of Institution																			
Start Date (mm/yyyy)									d D)								

List details of relevant academic distinctions or prizes received, if any.	
List any scholarships previously received, if any. (<i>Provide details such as duration of</i> <i>the scholarship(s), the qualification</i> <i>or course undertaken, and the date</i> <i>completed.</i>)	

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	ORDER OF PRIORITY FOR COURSES MENTIONED (EG: 1, 2, 3)

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.

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:

SECTION FIVE: NOMINATING AGENCY ENDORSEMENT

eleted by an authorised officer of the Nominating Agency in the country of t.											
y on behalf of the Government in the country of origin of the applicant, Applicant):											
for a Mauritius-Africa Scholarship on behalf of the Government of: (fill in Country name)											

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

1. PER	SONAL DE		S OF C		Έ			/	
Surname					_				
Other Name	es								
Date of Birt	h				Ge	nder			
Nationality					Pas	ssport No.			
Occupation									
2. MED		MINA							
General Me Examinatio									
Cardiovasc	ular Syste	m							
Respiratory	v System								
Alimentary	System								
Urinary Sys	tem								
Central Ner	vous Syst	em							
Past Medica									
<i>(please give</i> Pregnancy									
Any Others									
(Please give		any)							
3. ADD		REMA	RKS OR		IGATIO	NS, (IF AN`	Y)		
							- /		
4. D	ECLARAT								
I hereby dec communicat			olicant is	NOT suff	ering fro	m any infe	ctious or		
Full Name of	of Doctor								SEAL OF
Address (Country)	City and								MEDICAL
Tel No.				F	ax No.				INSTITUTION
Email									
Signature				D	ate				