



REPUBLIC OF MAURITIUS

MINISTRY OF TERTIARY EDUCATION,
SCIENCE AND RESEARCH

Mauritius-Africa Scholarship Application Form for Undergraduate and Postgraduate Programmes

2027 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 active member states of the African Union or of an African Commonwealth country to pursue higher studies in a public Higher Education Institution (HEI) in Mauritius.

This application form duly completed, by typing in the required fields, should be submitted through the *Nominating Agency, or any other authorized institution* of the respective country. A list of Nominating Agencies can be found on the website of this Ministry at <https://tertiaryeducation.govmu.org/te/index.php/mass/>

No direct application to the Mauritian Ministry of Tertiary Education, Science & Research 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 educational certificates: • <i>Undergraduate applicants</i> – end of secondary school level certificates (e.g GCE 'O' level or IGCSE or A level or Baccalaureate..); • <i>Postgraduate applicants</i> – all educational certificates	☐
Copies of transcripts: • <i>Undergraduate applicants</i> – end-of-secondary school results; • <i>Postgraduate applicants</i> – transcripts of all educational certificates	☐
Endorsement by Nominating Agency or any authorized institution (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 proof of payment of application fees to the HEI	☐
Postgraduate applicants only: Abridged Research Proposal (see Section 9.4 of the <i>Guidelines for Applicants</i>)	☐
Postgraduate applicants only: Supporting statement / consent letter from a named supervisor (<i>MPhil, MPhil/PhD and PhD applicants</i>)	☐

ORIGINAL CERTIFICATES SHOULD NOT BE SENT WITH THE APPLICATION FORM

Further information

A list of the public HEIs offering full-time on-campus higher education programmes can be found at **Sections 8.8 and 9.12** of the *Guidelines for Applicants*

SECTION ONE: PERSONAL INFORMATION

Your family name and other names should be the same as the official names on your passport or birth certificate.

First Name(s)
(in BLOCK letters)

Attach a recent passport sized photograph of yourself

Family Name (Surname)
(in BLOCK letters)

Gender

☐ MALE ☐ FEMALE

Date of Birth
(dd/mm/yyyy)

Place of Birth

Country of citizenship

Please list second country if you have dual citizenship

2nd Country of citizenship

Passport Number

Passport expiry date
(dd/mm/yyyy)

Indicate whether you have any conditions that might affect your ability to undertake your programme of study (e.g. asthma, diabetes, epilepsy, motor disability, pregnancy, significant visual impairment and hearing loss, etc.)

☐ YES

☐ NO

A 'YES' answer will not affect your chances of obtaining a scholarship.

If you have answered 'YES', provide brief details of the condition(s) 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.

PROGRAMME LEVEL APPLIED FOR

Please tick the level of study for which you are applying (one level only).

Undergraduate: ☐ DIPLOMA ☐ UNDERGRADUATE DEGREE

Postgraduate: ☐ MPhil ☐ MPhil/PhD ☐ PhD

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

DETAILS OF GUARDIAN IN YOUR COUNTRY OF CITIZENSHIP

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 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	

LANGUAGE PROFICIENCY – (to be filled if the medium of instruction in your country is neither English nor French, please tick where appropriate)

	ENGLISH			FRENCH		
Written	☐ Good	☐ Fair	☐ Poor	☐ Good	☐ Fair	☐ Poor
Spoken	☐ Good	☐ Fair	☐ Poor	☐ Good	☐ Fair	☐ Poor

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

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SECTION TWO: DETAILS OF ACADEMIC QUALIFICATIONS

Certified copies of academic qualifications, together with the mark sheets, must be provided. Applicants should list the most recently completed qualification first;

State qualification obtained at end of Secondary School Level and the Awarding Body

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

Qualification: _____ / Awarding Body: _____

	SUBJECTS	GRADES/MARKS

Name of Institution

Address of Institution

Start Date
(mm/yyyy)

End Date
(mm/yyyy)

State other Qualifications obtained at Secondary Level and the Awarding Body

(eg School Certificate/ Cambridge CIE , GCE Ordinary Level/Cambridge CIE , GCSE/ Edexcel, Diplôme National du Brevet/NCFE., etc):

Qualification: _____ / Awarding Body: _____

	SUBJECTS	GRADES/MARKS

Name of Institution

Address of Institution

Start Date
(mm/yyyy)

End Date
(mm/yyyy)

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

A. UNDERGRADUATE APPLICANTS (Diploma / Undergraduate Degree)

State qualification obtained after Secondary School and the Awarding Body (if any):

Name of Institution

Address of Institution

Start Date
(mm/yyyy)

End Date
(mm/yyyy)

State qualification obtained at Technical and Vocational Level (attach additional sheets if required):

Name of Institution

Address of Institution

Start Date
(mm/yyyy)

End Date
(mm/yyyy)

B. POSTGRADUATE APPLICANTS (MPhil / MPhil/PhD / PhD)

State qualification obtained at Tertiary Level:

**Name of
Qualification (e.g
BSc (Hons) or
MSc Biology)**

**Name of
Institution**

**Address of
Institution**

**Grade Achieved
(e.g 1st Class)**

**CPA/GPA or
Percentage
Achieved**

GPA : Or Percentage Achieved : %

**Start Date
(mm/yyyy)**

**End Date
(mm/yyyy)**

State any other qualifications obtained at tertiary level(attach additional sheets if required):

SN	Awarding Body	Name of Qualification	Start Date	End Date	Grade Achieved
1					
2					
3					

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, acknowledgement notice or proof of payment of application fees** 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 st , 2 nd , 3 rd)

Title of proposed research (postgraduate applicants only)	
Name(s) and contact details of proposed supervisor(s) in Mauritius (postgraduate applicants only)	

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 details 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 23 September 2026, 1 USD = MUR 47.88)

- will be eligible for an assistance to meet my living expenses of not more than **MUR 16,500** monthly;
- will be eligible for refund of the airfare (economy class) by the most economical route to Mauritius at the start, and airfare to my home country upon 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;
- agree to the disclosure of information pertaining to my academic journey to the relevant Mauritian authorities for administrative purposes;
- have to comply with all the laws of Mauritius, including immigration laws, and I will be solely responsible for my actions;
- will leave Mauritius as soon as practical after my programme of study ends;

DECLARATION

This section must be completed and signed by the applicant.

Note that incomplete, inadequate or inaccurate filling of the form may result in non-consideration of the application. Any false information given or concealment of any relevant information may lead to disqualification or 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

This section is to be completed by an authorized officer of the **Nominating Agency**, or any authorized institution, 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 Authorizing 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. PERSONAL DETAILS OF CANDIDATE

Surname			
Other Names			
Date of Birth		Gender	
Nationality		Passport No.	
Occupation			

2. MEDICAL EXAMINATION

General Medical Examination	
Full Blood Count	
Fasting Blood Sugar	
Blood Urea	
Hepatitis B (Surface Antigen)	
Hepatitis C (Antibody)	
HIV test	
Filariasis test	
Pregnancy (if applicable)	
VDRL/TPHA test	
Chest X-ray	

3. ADDITIONAL REMARKS OR INVESTIGATIONS, (IF ANY)

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4. DECLARATION

I hereby declare that this applicant is **NOT** suffering from any infectious or communicable disease (eg. Leprosy.).

Full Name of Doctor			
Address (City and Country)			
Tel No.		Fax No.	
Email			
Signature		Date	

SEAL OF
DOCTOR OR
MEDICAL
INSTITUTION