

REPUBLIC OF MAURITIUS

SCIENCE AND TECHNOLOGY

MINISTRY OF EDUCATION, TERTIARY EDUCATION,

Mauritius-Africa Scholarship Application Form for Undergraduate Programmes

2024 Edition

For Office Use Only

Reference Number	
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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 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 (https://www.hec.mu/hei)

SECT	ON ONE: PERSONAL INFORMATI	ON									
_	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									
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									
2 nd Country of citizenship		- country if you have dual citizenship									
Passport Number	Passport expiry (dd/mm/yyyy)										
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.) A 'YES' answer will not affect your chances of obtaining a scholarship.											
or support you may requ	ES', provide brief details of the condition(s) and any ire to complete your programme of study on a sepa our doctor's assessment of your needs.										
YOUR CONTACT DET Please provide an address	TAILS as at which the outcome of this application can be cor	mmunicated to you.									
Full Address (in BLOCK letters)											
Home Phone Number (including country code)	+										
Mobile Phone Number (including country code)	+										
Email Address											

DETAILS OF G	UARDI	IAN I	N Y	′Οι	JR (CO	UN	TR	ΥC	F	CIT	IZE	NS	3H	IP							
Name																						
(in BLOCK letters)																						
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Occupation (in BLOCK letters)																						
Nationality (in BLOCK letters)																						
Full Address (in BLOCK letters)																						
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(including country Email Address	/ code)																					
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Person to be cont Name (in BLOCK letters) Relationship to y (in BLOCK letters)	tacted in			_	erg	enc	y, i	f dif	fere	nt f	rom	the	e al)OC	/e.							
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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 of Certificate/ Cambridge CIE, GCE Advanced Level/ / Awarding	/ Cambridge CIE, Baccalaureate/ IB
	SUBJECTS	GRADES/MARKS
Name of Institution		
Address of Institution		
	End Date (mm/yyyy) Combined at Secondary Level are contained at Secondary Level/Cambridge CIE , GCE Ordinary Level/Cambridge t/NCFE, etc):	
Qualification:	/ Awarding	
	SUBJECTS	GRADES/MARKS
Name of Institution		
Address of Institution		
Start Date (mm/yyyy)	End Date (mm/yyyy)	

State qualification obtained after Secondary School and the Awarding Body (if any):																
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Name of																
Institution																
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Address of Institution																
msutution																
Start Date					End											
(mm/yyyy)					(mm											
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List details of releva																
distinctions or prizes	s received, if															
any.																
List survey below 1.																
List any scholarship received, if any.	s previously															
(Provide details suc	h as duration	of														
the scholarship(s), t	the qualificatio	n														
or course undertake	en, and the da	te														
completed.)																

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.

l,	(full name), the
undersigned, declare that the particulars in	n this application are true and accurate, and
that I have not willfully suppressed any mate	erial fact.
Date:	Signature:

SECTION FIV	/E: NOMINATING AGENCY ENDORSEMENT
This section is to be comp	leted by an authorised officer of the Nominating Agency in the country of t.
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 Sc	holarship 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	

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		Ger	nder						
Nationality		Pas	sport No.						
Occupation									
2. MEDICAL E	XAMINA	ATION							
General Medical Examination									
Cardiovascular Sys	stem								
Respiratory System	n								
Alimentary System									
Urinary System									
Central Nervous Sy	ystem								
Past Medical Histo (please give details,									
Pregnancy (if applied									
Any Others (Please give details,	if any)								
3. ADDITIONA	L REMA	ARKS OR INVESTIGATION	NS. (IF ANY)					
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4. DECLARATION

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

SEAL OF

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