



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	
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](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 ( <b>Section 1 to 6</b> ) duly filled	<input type="checkbox"/>
Copy of Birth Certificate	<input type="checkbox"/>
Copy of biodata page of passport, if available	<input type="checkbox"/>
Copies of end of secondary school level educational certificates ( <i>e.g GCE 'O' level or IGCSE or A level or Baccalaureate..</i> )	<input type="checkbox"/>
Copies of transcripts of end-of-secondary school results	<input type="checkbox"/>
Endorsement by Nominating Agency ( <b>Section 5</b> )	<input type="checkbox"/>
Medical certificate filled and signed by a Registered Medical Practitioner ( <b>Section 6</b> )	<input type="checkbox"/>
Copy of letter of conditional offer by a public higher education institution in Mauritius <b>OR</b> copy of acknowledgement notice from the HEI	<input type="checkbox"/>

**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>)



**DETAILS OF GUARDIAN IN YOUR COUNTRY OF CITIZENSHIP**

<b>Name</b> <i>(in BLOCK letters)</i>	
<b>Relationship to you</b> <i>(in BLOCK letters)</i>	
<b>Occupation</b> <i>(in BLOCK letters)</i>	
<b>Nationality</b> <i>(in BLOCK letters)</i>	
<b>Full Address</b> <i>(in BLOCK letters)</i>	
<b>Home Phone Number</b> <i>(including country code)</i>	+
<b>Mobile Phone Number</b> <i>(including country code)</i>	+
<b>Email Address</b>	

**EMERGENCY CONTACT DETAILS**

Person to be contacted in case of emergency, if different from the above.

<b>Name</b> <i>(in BLOCK letters)</i>	
<b>Relationship to you</b> <i>(in BLOCK letters)</i>	
<b>Full Address</b> <i>(in BLOCK letters)</i>	
<b>Home Phone Number</b> <i>(including country code)</i>	+
<b>Mobile Phone Number</b> <i>(including country code)</i>	+
<b>Email Address</b>	

**LANGUAGE PROFICIENCY**

*(please tick where appropriate)*

ENGLISH				FRENCH		
<b>Written</b>	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>Spoken</b>	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

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

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## 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** or **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 **MUR14,200** 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: .....

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**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):

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for a **Mauritius-Africa Scholarship** on behalf of the Government of: (fill in Country name)

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<b>Name of Authorising Officer</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100%; height: 20px;"></td></tr> <tr><td style="width: 100%; height: 20px;"></td></tr> </table>		
<b>Name of Official Nominating Agency (e.g Ministry of Education)</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100%; height: 20px;"></td></tr> <tr><td style="width: 100%; height: 20px;"></td></tr> </table>		
<b>Position</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100%; height: 20px;"></td></tr> <tr><td style="width: 100%; height: 20px;"></td></tr> </table>		
<b>Email</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100%; height: 20px;"></td></tr> </table>		
<b>Website (if any)</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100%; height: 20px;"></td></tr> </table>		
<b>Signature</b>			
<b>Date</b>	...../...../..... dd/mm/yyyy		

<b>Official Stamp/Seal</b>	
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**SECTION SIX: MEDICAL CERTIFICATE**  
(To be filled by a Registered Medical Practitioner)

**1. PERSONAL DETAILS OF CANDIDATE**

<b>Surname</b>			
<b>Other Names</b>			
<b>Date of Birth</b>		<b>Gender</b>	
<b>Nationality</b>		<b>Passport No.</b>	
<b>Occupation</b>			

**2. MEDICAL EXAMINATION**

<b>General Medical Examination</b>	
<b>Cardiovascular System</b>	
<b>Respiratory System</b>	
<b>Alimentary System</b>	
<b>Urinary System</b>	
<b>Central Nervous System</b>	
<b>Past Medical History</b> <i>(please give details, if any)</i>	
<b>Pregnancy</b> <i>(if applicable)</i>	
<b>Any Others</b> <i>(Please give details, if any)</i>	

**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.

SEAL OF  
DOCTOR OR  
MEDICAL

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