Form XIV
(Regulation 18 (1))

Higher Education Act, 2013
(Act No. 4 of 2013)

Higher Education (General) Regulations, 2024

APPLICATION FOR AFFILIATION OF HIGHER EDUCATION INSTITUTION

A. INSTRUCTIONS

1. A person intending to affiliate or be affiliated to another private higher education institution shall apply for affiliation and should complete this Application Form and forward it to:

   The Director-General
   Higher Education Authority
   P.O. Box 50795
   Ridgeway
   LUSAKA

   Email: info@hea.org.zm
   Web: www.hea.org.zm

2. Applicants should forward **all** the listed documents with their application. An application **shall not** be processed if **any** of the required document is not provided.

	Documents to be attached	Check	
		Yes	No
1.	Certificate of Registration by the Authority or any other appropriate authority for the affiliating parties		
2.	Curriculum vitae of the proposed academic staff to be involved in the programmes under affiliation		
3.	Signed affiliation agreement by authorised representatives of both parties		
4.	Recommendations from the Senate/Academic Board of affiliating parties		

B. ADMINISTRATIVE DATA

1. Name of Applicant

2. Affiliating Institution

(a) Name of affiliating institution

(b) Type of Higher Education Institution (Specify whether College, University College, University, Technical University College or Technical University)

3. Institution to be affiliated.

(a) Name of institution to be affiliated

(b) Type of Higher Education Institution (Specify whether College, University College, University, Technical University College or Technical University)

4. Address and contact details of affiliating institution

Physical Address	
Postal Address	
Telephone Number(s)	
Mobile Number(s)	
E-mail Address	
Website	
Name of Contact Person	
Designation of Contact Person	

5. Address and contact details of the institution to be affiliated

Physical Address	
Postal Address	
Telephone Number(s)	
Mobile Number(s)	
E-mail Address	
Website	

Name of Contact Person	
Designation of Contact Person	

C Required Information

Please provide the following information:

1. Purpose of the affiliation: (Provide details on the purpose of the affiliation e.g., Joint academic programmes, student/staff exchange programme).

   .....
   .....
   .....

2. Department/Schools involved in the affiliation (Provide information on the departments/schools involved in the affiliation from both parties):

   .....
   .....
   .....

3. Academic Programmes (Provide proposed list of learning programmes to be implemented under the agreement and their accreditation status):

   .....
   .....
   .....

4. Research (description of type of joint research to be implemented under the affiliation agreement, where applicable).

   .....
   .....
   .....

5. Staff (Provide details of the staff to be involved under the affiliation agreement, including their qualifications)

   .....
   .....
   .....
   .....

6. Financial Resources (Provide information on sources and availability of financial resources allocated to the programmes under affiliation)

   .....
   .....
   .....
   .....

7. Physical Infrastructure (Provide information on available and appropriate physical infrastructure and equipment dedicated to the joint programmes under the affiliation agreement)

……
……
……
……

8. Technological Infrastructure (Provide information on available and appropriate technological systems required to support training in the specified programmes, including e-learning platforms, e-library services, student information management system, institutional repository and communication systems. If training shall be conducted at the institution's premises, provide information on the technological systems available for training)……
……
……

9. Quality assurance provisions (Provide information on quality assurance mechanisms to be put in place under the affiliation agreement)

……
……

DECLARATION

I/We, ……, hereby declare that the information given above is true and correct to the best of my/our knowledge. Should the information given above be verified to be false, this application shall be rendered invalid.

Signed: …… Date: ……

Witness

Name……

Signature……

Date……

FOR OFFICIAL USE ONLY

Received by……
Officer

Signature……

Date……

Application Fee Paid:……

Date of Payment:……

Receipt No: ……

Serial No.: ……

STAMP