

REPUBLIC OF MAURITIUS

MINISTRY OF EDUCATION, TERTIARY EDUCATION,
SCIENCE AND TECHNOLOGY

Mauritius-Africa Scholarship Application Form for Postgraduate Programmes

2025 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/Documents/2024/Tertiary/Nominating%20Agencies%202025.pdf

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 all educational certificates Copies of transcripts of educational certificates Abridged Research plan Supporting statement from a named supervisor (for MPhil/PhD applicants) 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)

SECTION ONE: PERSONAL INFORMATION

•	name and other names our passport or birth cer	should be the same as the official tificate.												
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 2 nd			Please list second country if you have dual citizenship											
Country of citizenship			addi oli 201011p											
Passport Number		Passport expiry (dd/mm/yyyy)												
proposed st visual impair	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.													
you may req		e brief details of the condition(s) and ar rogramme of study on a separate she needs.												
	OUR CONTACT DET ease provide an addres	AILS as at which the outcome of this applica	ation can be communicated to you.											
-	ull Address BLOCK letters)													
Н	ome Phone Number													

(including country code)

Email Address

Mobile Phone Number (including country code)

+

	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																

SECTION TWO: DETAILS OF ACADEMIC QUALIFICATIONS

Certified copies of academic qualifications, together with the mark sheets, must be provided. The qualifications are to be listed in chronological order.

qualifications a	are to b	oe lis	sted	in c	hron	olog	gical	ord	er.												
State qualification a (eg Higher Scholer Geneva, etc):	and th	e Av tificat	ward te/ Ca	l ing amb	Bo oridge	dy e CIE	Ξ, G	CE A	dvar	nced	Lev	- el/ C	amb	ridg	e CII	E, Ba	acca	laure			
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Institution																					
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(mm/mm)		1		ı						m		١				1	I				

State qualification obtained at Higher Education Level:																			
Name of Award (e.g BSc (Hons) Biology)																			
Name of Institution																			
Address of Institution																			
Grade Achieved (e.g 1 st Class)																			
CPA/GPA or Percentage Achieved	GPA	\:					С	r Pe	rcen	ıtage	e Ac	hiev	ed :			9	6		
Start Date (mm/yyyy)								End I											
State any other qua	alifica	ation	s ob	tain	ed at	tert	iary	y lev	el(a	ttacl	h ad	ditic	nal	she	ets i	f re	quire	ed):	
SN Awarding Bo	ody			Na	me o	f Aw	ard	t				Start Date			End Date		Grade Achieved		
1																			
2																			
3																			
List details of relevant academic distinctions or prizes received, if any.																			
List any scholarships previously received, if any. (Provide details such as duration of the scholarship(s), the qualification or course undertaken, and the date 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** 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).

COURSE CODE

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 3. September 2024, 1 USD = MUR 45.93)

- will be eligible for an assistance to meet living expenses of not more than MU16,500 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;

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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 this a large have not willfully suppressed any material fact.	
Date:	Signature:

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): for a Mauritius-Africa Scholarship 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**/ dd/mm/yyyy Official Stamp/Seal

		CTION SIX: I be filled by a R		_	_	
1. PERS	ONAL DE	TAILS OF CANDII	DATE			
Surname						
Other Names	6					
Date of Birth	ı			Gender		
Nationality				Passport No.		
Occupation					I	
2. MEDIO	CAL EXAM	IINATION				
General Med Examination						
Cardiovascu		า				
Respiratory	System					
Alimentary S	System					
Urinary Syst	em					
Central Nerv	ous Syste	m				
Past Medical						
(please give of Pregnancy (i	details, it ai if applicable	<i>ny)</i> e)				
Any Others						
(Please give o						
3. ADDI	TIONAL RE	EMARKS OR INVI	ESTIGAT	IONS, (IF ANY)	
4. DE	ECLARATI	ON				
communicable		s applicant is NOT	suffering	from any infec	tious or	
Full Name of	Doctor					SEAL OF DOCTOR OR
Address (C	City and					MEDICAL
Country)	,		T			
Tel No.			Fax N	0.		INSTITUTION
Email						
Signature			Date			