

REPUBLIC OF MAURITIUS ourrier Arrivée

MINISTRY OF EDUCATION, TERTIARYNEDUCATION, Date SCIENCE AND TECHNOLOGY

(Tertiary Education, Science and Technology Division)

MAURITIUS - AFRICA SCHOLARSHIP SCHEME 2021 CALL FOR APPLICATIONS

Award of Scholarships by the Government of the Republic of Mauritius

The Government of Mauritius is awarding scholarships to deserving students who are resident citizens of member states of the African Union or African Commonwealth countries, as per the following criteria:

1. For undergraduate programmes, applicants should be above 18 years of age and should not have reached their 26th birthday by the closing date of application.

2. For Master's programmes, applicants should not have reached 35 years and, for PhD programmes, applicants should not have reached 40 years by the closing date of application.

3. Applicants must have already applied for a full-time on-campus programme (Diploma, Degree, Master's cr PhD) at a public Higher Education Institution in Mauritius (listed in Section 8 in the Guidelines for Applicants) for academic year starting in 2021.

4. The scholarship will be for a maximum duration as indicated in the table below or the min mum course duration whichever is lesser.

duratio	on whichever is lesser.	The state of the s
SN	Programme of Studies	Maximum Duration
1	Undergraduate Diploma	Three (3) years
2	Undergraduate Degree	Four (4) years
3	Master	Two (2) years
4	MPhil / PhD	Four (4) years + 6 months for the transfer from MPhil to PhD
	PhD	Three (3) years
5	FIID	their living to their living to their living

The Scholarship will support successful candidates in meeting their tuition fees and in contributing to their living expenses during their studies in Mauritius. Furthermore, the scholarship covers a return airfare by the most economical route. This will be valid for travel from the country of origin at the beginning of the studies and back to the country of origin upon successful completion of studies. All students will be required to undergo a 14-day quarantine upon arrival in Mauritius, the cost of which will be covered under this scheme. Cost of PCR tests will also be met. Additionally, if any student is tested positive for the Coronavirus (Covid-19) upon arrival, the related medical expenses will be covered under this scheme.

The following documents are available for download from the following websites (http://min.stry-education.govmu.org and http://highereducationmauritius.com)

Guidelines for Applicants

This document contains important information regarding the conditions attached to the scholarship, the application procedure, and a list of public Higher Education Institutions in Mauritius where full-time oncampus studies are run.

Application Form (Applicants are invited to fill in the form electronically before printing)

Application for the scholarship can only be made on the application form, duly filled-in. Section 5 of the application form should be endorsed and completed by the Nominating Agency in the country of citizenship of the applicant. Applications which are not made through the Nominating Agency of the respective countries will not be entertained.

An application under this Scheme is to be made solely through the Nominating Agency responsible for the processing of scholarships in the country of citizenship of the applicant. Such Nominating Agency, which may typically be part of the Ministry of Education in the country of the applicant, will then shortlist and endorse the applications of a maximum of FIFTEEN (15) eligible candidates (five in each category of Undergraduate, Masters and MPhil/PhD) and submit the duly completed application forms as per the table below:

Deadline for submission of hard copy Deadline for electronic submission Intake 14 May 2021 30 April 2021

Applications, together with supporting documents as required should be forwarded to the wiln stry of Education. Tertiary Education, Science and Technology of the Republic of Mauritius at the address mentioned below, for a final

The Senior Chief Executive,

Ministry of Education, Tertiary Education, Science and Technology

(Attn: Tertiary Education, Science and Technology Division)

Level 2, MITD House, Pont Fer, Phoenix 73544.

Republic of Mauritius (Email: studymauritius@govmu.org)

February 2021



REPUBLIC OF MAURITIUS

MINISTRY OF EDUCATION, TERTIARY EDUCATION,
SCIENCE AND TECHNOLOGY

Mauritius-Africa Scholarship Application Form for Undergraduate Programmes

2021 Edition

For Office Use Only

Reference Number	
Received on	
Received by	

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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 http://ministry-education.govmu.org/English/educationsector/Pages/Tertiary-Education.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 Of copy of acknowledgement notice from the HEI	
ORIGINAL CERTIFICATES SHOULD NOT BE SENT WITH THE APPLICATION	N FORM
Further information A list of the registered public HEIs offering full-time on-campus higher programmes can be found at Section 8 of the Guidelines for Applicants or from the of Higher Education Commission http://www.tec.mu/public institutions	

SECT	ION ONE: PERS	ONAL INFOR	MATIC	N
Your family name and ot on your passport or birth	names			
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 country if you have
2 nd Country of citizenship				dual citizenship
Passport Number		Passport expiry (dd/mm/yyyy)		
diabetes, significant visuloss, etc.) A 'YES' answer will not If you have answered	t affect your chances of 'YES', provide brief deta you may require to compl	obtaining a schola	arship.	
of paper. Please attach	a copy of your doctor's as	ssessment of your n	eeds.	
YOUR CONTACT DET	TAILS ess at which the outcome	of this application ca	an be com	nmunicated to you.
Full Address (in BLOCK letters)				
Home Phone Number (including country code)	+			

Name		_							_		\perp	_		+
(in BLOCK letters)														
Relationship to you in BLOCK letters)												I		
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														
Person to be contacted in Name in BLOCK letters)			ency	y, if di	ffere	nt fro	m th	ie ab	ove.					
Person to be contacted in Name (in BLOCK letters) Relationship to you			ency	y, if di	ffere	nt fro	om th	e ab	oove.					
Person to be contacted in Name (in BLOCK letters) Relationship to you (in BLOCK letters) Full Address			ency	y, if di	ffere	nt fro	om th	le ab	oove.					
Person to be contacted in Name (in BLOCK letters) Relationship to you (in BLOCK letters) Full Address (in BLOCK letters) Home Phone Number			ency	y, if di	ffere	nt fro	om th	le ab	oove.					
EMERGENCY CONTAC Person to be contacted in 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)	n case o		ency	y, if di	ffere	nt fro	om th	le ab	oove.					
Person to be contacted in Name (in BLOCK letters) Relationship to you (in BLOCK letters) Full Address (in BLOCK letters) Home Phone Number (including country code) Mobile Phone Number	case o		ency	y, if di	ffere	nt fro	om th	le ab	oove.					
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Person to be contacted in 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 PROFICIE! (please tick where appropri	+ + NCY	of en					om th				+		Po	or

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. 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 **End Date** Start Date (mm/yyyy) (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 **End Date Start Date** (mm/yyyy) (mm/yyyy)

State qualification	obtained after	Secondary Sc	hool and the Aw	arding Bod	y (if any):
Name of Institution					
Address of Institution					
Start Date (mm/yyyy)			End Date (mm/yyyy)		
State qualification required):	obtained at Ted	chnical and Vo			onal sheets if
Name of Institution					
Address of Institution					
Start Date (mm/yyyy)			End Date (mm/yyyy)		
List details of releva distinctions or prizes any.					
List any scholarships received, if any. (Provide details such the scholarship(s), to or course undertake completed.)	h as duration of he qualification				

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

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	Tuition Fee paid up to
1	SADC Countries	Local Fees	MUR100,000
2	Non-SADC Countries	International Fees	MUR160,000
(as	at 18 January 2021, 1 USD - MU	R 39.55)	

- will be eligible for an assistance to meet living expenses of not more than MU12,500 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;

DECLARAT	ION								
This section	must be comp	leted a	nd signed by t	he applic	ant.				
Note that in	complete, ina	adequa	te or inaccur	ate fillin	g of the	e form m	ay re	sult in	the
applicant's	elimination	from	consideratio	n. Any	false	informa	tion	given	or
concealmen	nt of any relev	ant inf	ormation may	lead to	termina	ation of t	ne sc	holarsl	nip.
ſ,							.(full ı	name),	the
undersigned	, declare that t	he part	iculars in this	application	on are tr	ue and a	ccurat	e, and	that
I have not wi	Ilfully suppres	sed any	material fact.						
Date:				Signatu	re:				
Date	***************************************	•••		Signata					
						- 1			

SECTION FIV	E: 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 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						

	CTION SIX: MEDIC be filled by a Registere	CAL CERTIFICATE d Medical Practitioner)	
1 PERSONAL DE	TAILS OF CANDIDATE		
Surname	TAILS OF SANDIDATE		
Other Names			
Date of Birth		Gender	
Nationality		Passport No.	
Occupation			
2. MEDICAL EXAM	IINATION		Nave and Mas
General Medical Examination			
Cardiovascular System	1		
Respiratory System			
Alimentary System			
Urinary System			
Central Nervous Syste	m		
Past Medical History (please give details, if a	7V)		
Any Others			
(Please give details, if a	ny)		
3. ADDITIONAL RI	EMARKS OR INVESTIGAT	IONS, (IF ANY)	
4. DECLARATI	ON		
I hereby declare that this communicable disease.	applicant is NOT suffering	from any infectious or	
Full Name of Doctor			5EAL OF
			DOCTOR OR
Address (City and Country)			MEDICAL
Tel No.	Fax No).	INSTITUTION
Email			
Signature	Date		