

# REPUBLIC OF MAURITIUS Courrier Arrivée

MINISTRY OF EDUCATION, TERTIARY EDUCATION, 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 26<sup>th</sup> 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 or 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 minimum course duration whichever is lesser.

| 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 |
| 5  | PhD                   | Three (3) years  |

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://ministry-education.govmu.org> and <http://highereducationmauritius.com>)

#### I. 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 on-campus studies are run.

#### II. 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:

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

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

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](mailto:studymauritius@govmu.org))

February 2021

No direct application to the Mauritian Ministry of Education, Tertiary Education, Science & Technology will be entertained. Final decision for the award of the scholarship rests with the Ministry.

The Government of Mauritius reserves the right not to offer any scholarship following this call for application.



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*

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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 <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 ( <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 OR 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 [http://www.tec.mu/public\\_institutions](http://www.tec.mu/public_institutions)

## SECTION ONE: PERSONAL INFORMATION

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)

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Attach a recent passport sized photograph of yourself

**Family Name (Surname)**  
(in BLOCK letters)

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**Gender**

MALE     FEMALE

**Date of Birth**  
(dd/mm/yyyy)

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**Place of Birth**

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**Country of citizenship**

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Please list second country if you have dual citizenship

**2<sup>nd</sup> Country of citizenship**

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**Passport Number**

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**Passport expiry**  
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Indicate whether you suffer from any illness or disability that might affect your ability to participate in the proposed study programme (e.g. epilepsy, asthma, diabetes, significant visual impairment, motor disability or significant hearing loss, etc.)

YES  
 NO

**A 'YES' answer will not affect your chances of obtaining a scholarship.**

If you have answered 'YES', provide brief details of the illness or disability and any special requirements or support you may require to complete your programme of study on a separate sheet of paper. Please attach a copy of your doctor's assessment of your needs.

### YOUR CONTACT DETAILS

Please provide an address at which the outcome of this application can be communicated to you.

**Full Address**  
(in BLOCK letters)

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**Home Phone Number**  
(including country code)

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**Mobile Phone Number**  
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**Email Address**

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| <b>DETAILS OF GUARDIAN IN YOUR COUNTRY OF CITIZENSHIP</b>     |   |
| <b>Name</b><br><i>(in BLOCK letters)</i>                      |   |
| <b>Relationship to you</b><br><i>(in BLOCK letters)</i>       |   |
| <b>Occupation</b><br><i>(in BLOCK letters)</i>                |   |
| <b>Nationality</b><br><i>(in BLOCK letters)</i>               |   |
| <b>Full Address</b><br><i>(in BLOCK letters)</i>              |   |
| <b>Home Phone Number</b><br><i>(including country code)</i>   | + |
| <b>Mobile Phone Number</b><br><i>(including country code)</i> | + |
| <b>Email Address</b>  |   |

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| <b>EMERGENCY CONTACT DETAILS</b>  |   |
| Person to be contacted in case of emergency, if different from the above. |   |
| <b>Name</b><br><i>(in BLOCK letters)</i>                                  |   |
| <b>Relationship to you</b><br><i>(in BLOCK letters)</i>                   |   |
| <b>Full Address</b><br><i>(in BLOCK letters)</i>                          |   |
| <b>Home Phone Number</b><br><i>(including country code)</i>               | + |
| <b>Mobile Phone Number</b><br><i>(including country code)</i>             | + |
| <b>Email Address</b>  |   |

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| <b>LANGUAGE PROFICIENCY</b>            |                               |                               |                               |                               |                               |                               |
| <i>(please tick where appropriate)</i> |                               |                               |                               |                               |                               |                               |
|  | <b>ENGLISH</b>                |                               |                               | <b>FRENCH</b>                 |                               |                               |
| <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 |

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| <p><b>Have you ever taken a TOEFL or IELTS (for English) or DILF/DELF/ DALF (for French) test?</b><br/> <b>If YES, provide date and score (attach documentary evidence).</b></p> |
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## 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: .....

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**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: .....

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| <b>State qualification obtained after Secondary School and the Awarding Body (if any):</b><br>.....<br>..... |  |
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| <b>Address of Institution</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>State qualification obtained at Technical and Vocational Level (attach additional sheets if required):</b><br>.....<br>.....<br>..... |  |
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| List details of relevant academic distinctions or prizes received, if any.   |  |
| List any scholarships previously received, if any.<br><i>(Provide details such as duration of the scholarship(s), the qualification or course undertaken, and the date completed.)</i> |  |

### 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 |
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## 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 – MUR 39.55)

- will be eligible for an assistance to meet living expenses of not more than **MUR12,500** 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;

### 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: .....



## SECTION SIX: MEDICAL CERTIFICATE

(To be filled by a Registered Medical Practitioner)

### 1. PERSONAL DETAILS OF CANDIDATE

|               |  |              |  |
|---------------|--|--------------|--|
| Surname       |  |              |  |
| Other Names   |  |              |  |
| Date of Birth |  | Gender       |  |
| Nationality   |  | Passport No. |  |
| Occupation    |  |              |  |

### 2. MEDICAL EXAMINATION

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

### 3. ADDITIONAL REMARKS OR INVESTIGATIONS, (IF ANY)

|                   |
|-------------------|
| <hr/> <hr/> <hr/> |
|-------------------|

### 4. DECLARATION

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

|                            |  |         |  |
|----------------------------|--|---------|--|
| Full Name of Doctor        |  |         |  |
| Address (City and Country) |  |         |  |
| Tel No.                    |  | Fax No. |  |
| Email                      |  |         |  |
| Signature                  |  | Date    |  |

SEAL OF  
DOCTOR  
MEDICAL  
INSTITUTION