170915 PG1a



**KAMUZU COLLEGE OF NURSING**

|  |  |  |
| --- | --- | --- |
| Principal  Mercy Pindani, DipNurs, MRNM, B.ScN., MScN, PhD |  | P/Bag 1, Lilongwe, Malawi  Telephone:265 (0)1 751 622/200  Fax: 265 (0) 1 756 424  Email: [principal@kcn.unima.mw](mailto:principal@kcn.unima.mw)  Website: [www.kcn.unima.mw](http://www.kcn.unima.mw) |

APPLICATION FOR REGISTRATION AS A POSTGRADUATE STUDENT

To be presented in triplicate and to be sent to the respective Department

1. PERSONAL

RECENT PASSPORT SIZE PHOTO (3)

1. Surname: ………………………………… 2. Forenames: ……………………………….

3. Sex: ……………………………………… 4. Date of birth: ……………………………..

5. Nationality: ………………………………. 6. Country of birth: ………………………….

7. Marital status: ……………………………. 8. Maiden name: …………………………….

*(if married woman)*

1. Home address: ……………………………………………………………………………………..
2. Present postal address: …………………………………………………………………………….
3. E-mail address:…………………………………………………………………………………….
4. Telephone:…………………………………………………………………………………………
5. Next of kin: (a) Name: ………………………………………………………………………..

(b)Relationship:…………………………………………………………………

(c) Address:……………………………………………………………………..

(d) Telephone……………………………………………………………………

1. TERTIARY EDUCATION

14. First Degree: ………………………………15.Awarding Institution: ………………………..

16.Date of award: …………………………….17.Class of award: …………………………........

1. Other degrees or awards (give name of awarding institution/body and date):

……………………………………………………………………………………………………..

*(attach copies of transcripts and certificates of tertiary education qualifications)*

1. Research experience: …………………………………………………………………………...….

……………………………………………………………………………………………………..

……………………………………………………………………………………………………..

1. DETAILS OF PROPOSED STUDY

20. Degree Sought: …………………………………………………………………………………….

21. Proposed area/discipline of study (e.g. Adult Health, Child Health, Community Health, Nursing and Midwifery Education, Reproductive Health, Midwifery, ) ……………………………..

22. Proposed topic of research (if relevant and known[[1]](#footnote-1))………………………………………………

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

23. Method of study (e.g. part-time or full-time) ……………………………………………………..

1. REFEREES (candidate to solicit the references)
2. Name and addresses of TWO Academic Referees:

(a) Name…………………………………………………………………………………………….

……………………………………………………………………………………………………..

……………………………………………………………………………………………………..

(b) Name:………………………………………………………………………………………………

……………………………………………………………………………………………………..

……………………………………………………………………………………………………..

Signature of Applicant ……………………………..Date…………..:……………………………….

1. FINANCES

25. Details of responsibility for payment of fees;

(a) Self: (in Full)/ (Part)

(b) Other: Provide details and supporting documents.

1. FOR OFFICIAL USE ONLY

26. Application presented by: Name: ………………………………………………………

Position:…………………………………………………….

27. Application considered by Post-graduate Committee on:………………………………...

28. Recommendation of Post-graduate Committee:……………………………………………..

…………………………………………………………………………………………………..

Date:……………………………………………………………………………………………

Signature of Chair of Post-graduate Committee:.…………………………………………………….

1. **NB**.UNIMA Postgraduate Policy (2015) which replaces PG Policy Guidelines (2006) gives programme design autonomy to faculties (Objective 5: Delivery i) but recommend a course work component for postgraduate programmes (Objective 5: Content/Structure i). [↑](#footnote-ref-1)