170915 PG1a



 **KAMUZU COLLEGE OF NURSING**

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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))………………………………………………

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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)