



## UNDERGRADUATE APPLICATION FORM

### FOR MATURE ENTRY CANDIDATES

This form should be completed in **BLOCK LETTERS** and returned together with the required attachments to the **University Registrar, University Office, P.O. Box 278, Zomba, Malawi, Central Africa.**

Attach your  
passport size photo  
here

**NOTE: CANDIDATES WHO WERE PREVIOUSLY WITHDRAWN FROM THE UNIVERSITY OF MALAWI OR ANY COMPARABLE INSTITUTION ON ACADEMIC GROUNDS AND THOSE ALREADY REGISTERED WITH THE UNIVERSITY OF MALAWI OR ANY COMPARABLE INSTITUTION AS GOVERNMENT OR SELF-SPONSORED STUDENTS ARE NOT ELIGIBLE FOR ADMISSION**

#### A. PERSONAL DETAILS

1. Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Initials: \_\_\_\_\_
2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M  F  Nationality: \_\_\_\_\_
- Home District: \_\_\_\_\_ T/A: \_\_\_\_\_ Village: \_\_\_\_\_
3. Contact Address: \_\_\_\_\_
- Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_
4. Next of Kin – Address: \_\_\_\_\_
- Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

#### B. PROGRAMME APPLIED FOR (Use the abbreviated codes provided under **Section J** of this application form.)

Programme: Name

Code

#### C. QUALIFICATIONS RECORD (Tick/Indicate appropriately)

Strictly attach original academic transcript(s) and copy(s) of certificate(s)/statement of result(s) duly certified by a district commissioner or any commissioner of oaths.

i. Degree/Diploma: \_\_\_\_\_

School/Board: \_\_\_\_\_ Year: \_\_\_\_\_

ii. High/Secondary school (Fill in the gaps below with the relevant information)

1 <sup>st</sup> Attempt Grades	2 <sup>nd</sup> Attempt Grades	3 <sup>rd</sup> Attempt Grades
Year: _____	Year: _____	Year: _____

Qualification:		Qualification:		Qualification:	
Centre name:		Centre name:		Centre name:	
Centre #:		Centre #:		Centre #:	
Candidate #:		Candidate #:		Candidate #:	
Subject (Highest to Lowest)	Grade	Subject (Highest to Lowest)	Grade	Subject (Highest to Lowest)	Grade
1.		1.		1.	
2.		2.		2.	
3.		3.		3.	
4.		4.		4.	
5.		5.		5.	
6.		6.		6.	
7.		7.		7.	

**iii. Other Relevant Qualifications**

\_\_\_\_\_ Year \_\_\_\_\_ School/Board \_\_\_\_\_

\_\_\_\_\_ Year \_\_\_\_\_ School/Board \_\_\_\_\_

\_\_\_\_\_ Year \_\_\_\_\_ School/Board \_\_\_\_\_

**iv. Have you ever been registered as a student of the University of Malawi before or any other comparable institution elsewhere?**

If yes, when: \_\_\_\_\_ Programme: \_\_\_\_\_ Institution: \_\_\_\_\_

Reason for leaving your previous institution: \_\_\_\_\_

**D. CANDIDATES WITH SPECIAL NEEDS**

State any physical impairment you have and any special assistance/facilities that you require: \_\_\_\_\_

\_\_\_\_\_

**E. EMPLOYMENT RECORD (attach a reference letter from each employer given below)**

Name of Employer <i>(start with the recent employer)</i>	Post Held	Dates	
		From	To


#### F. APPLICATION FEE

All applicants are STRICTLY required to DEPOSIT a non-refundable application fee of K11, 000.00 for Malawians and U\$25.00 for international applicants to the following bank account:

	NATIONAL BANK OF MALAWI
<b>Account Name</b>	UNIMA Revenue Account
<b>Account Number</b>	1002239236
<b>Branch</b>	Zomba Branch
<b>Swift Code</b>	NBMAMWMW
<b>Sort Code/Branch Code</b>	006

**Note:** A copy of the deposit slip bearing the name of the applicant should be attached to the application form.

#### G. SUBMISSION OF APPLICATION FORM

A duly completed application form together with a bank deposit slip showing the name of the candidate and any other relevant attachments should be sent to the address given below and not to any constituent/affiliate College of the University of Malawi.

<b>The University Registrar</b>
<b>University Office (Admissions Office)</b>
<b>P.O. Box 278</b>
<b>Zomba</b>

**THE CLOSING DATE FOR RECEIVING APPLICATIONS IS FRIDAY, 19<sup>TH</sup> JULY, 2019**

**H. CHECKLIST**

<b>ITEM</b>
<b>I confirm that I have duly completed all the relevant sections of this application form and attached the following supporting documents:</b>
<b>1. Copies of all my relevant degrees/diplomas/certificates/academic transcripts duly certified by a commissioner of oaths</b>
<b>2. Original proof of availability of funds to finance my training i.e. official sponsorship letter or applicants bank statement(s)</b>
<b>3. Copy of a bank deposit slip showing the name of the applicant and proof of payment of an appropriate application fee.</b>
<b>4. Curriculum vitae (CV) with names and contact details of three traceable referees.</b>
<b>5. A clear specification of a programme applied for as well as the candidate’s preferred mode of its delivery</b>
<b>6. Official reference letter(s) from the current and/or previous employer(s) showing proof of at least 2 years work experience.</b>

**I. DECLARATION**

I \_\_\_\_\_ hereby  
 certify that all the information given on this form is true.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_