



### Kamuzu College of Nursing

2	<b>Passport</b>	photos
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## APPLICATION FOR ADMISSION AS POSTGRADUATE STUDENT

# 1. Applicant Personal details

Title: Dr/Mr/Mrs/Miss/Ms/Other Family Name (as shown in identity details)

Given Names (as shown in identity details)					
Sex:	Male	Female Date of Birth	DD	MM	YYYY
Applicant	Postal Address:				
Talanhana					
Telephone	<del>)</del> .				
Cell: Email:					

Nationality

# 2. Course applied for

I am applying for admission to:( tick where necessary)

Tick	Degree	Specialisation	
	MSc	Adult Health Nursing	
	MSc	Child Health Nursing	
	MSc	Community Health Nursing	
	MSc	Mental Health Nursing	
	MSc	Midwifery	
	MSc	Nursing and Midwifery Education	
	MSc	Public Mental Health Care	
	MSc	Reproductive Health	
	PhD	Interprofessional Health Care Leadership	
	PhD	Nursing	

PhD	Midwife	ту

### 3. Qualifications and Academic Record

I attach the following certified true copies of my academic transcripts and graduation certificates as evidence in support of my admission. Copies of original documents must be certified as a true copy of the original document by Notary Public or official of the institution that issues the document and must bear the official stamp.

Uncertified photocopies will not be accepted. Faxed, scanned or emailed documents will not be accepted as originals or certified copies.

	Institution	Country	Date Completed
Name of		-	-
Qualification			
Previous University		ı	
Previous University		T	

# 4 Work experience

Chronologically include work experience relevant to the program applied for. You can include consultancies and short work assignments.

Name of Company /organisation	Position	Nature of responsibility	Years of service	Name Referee (Supervisor)	of

Include a separate sheet where necessary.

# 5 Financing your studies

How do you intend to pay for your studies?

Private funds

**Employer Scholarship** 

Government sch	olarship	
Others (specify)		
Research experie	nce/Prizes/Publications (Please attach full	curriculum vitae separately)
	h to pursue the course and how does rate sheet(s) if necessary)	it fit with your career prospects?
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Deferre		
	( Please use the attached format)	
REFEREES whom yo lursing	ou have asked to send confidential letters	of reference to Kamuzu College of
lame	Address	Capacity in which know
	TalNa	
	Tel No: Fax No:	
lame	e-mail: Address	Capacity in which know
	Tel No: Fax No:	

	e-mail:	
Name	address	Capacity in which known
	Tel. No:	
	Fax No	
	Tel. No: Fax No e-mail:	

## Declaration and signature

- I supply the information on this form and in support of this application on the understanding that it shall be used for purposes relating to my application.
- I am aware of the tuition and living cost associated with studying this course and I am able to meet all my expenses for the duration of my study.

SIGNATURE Date

#### Checklist

#### Have you:

Included 2 passport photo size

Provided official documents of academic results including translation where necessary

Presented letter/ document of support from my sponsors

Attached Curriculum Vitae (if necessary)

Informed three referees to submit letters of reference

Letter of standing from accreditation body e.g. Nurses' Council

Personal goal statement that is congruent with the programme goals

Description of research interest area that is congruent with the Malawi Health Research agenda.

A sample of scholarly work-preferably published work (in case of application for PhD)

### Send this form to

THE REGISTRAR
KAMUZU COLLEGE OF NURSING
PRIVATE BAG 1
LILONGWE
MALAWI

Phone:+2651750927

ATT: ASSISTANT REGISTRAR-ACADEMIC (in case of courier)

NOTE: Application fees for Masters Programs are Mk12, 000. 00 for Malawian students and \$70, 00 for non-Malawian students and for PhD programs are as follows: MK14, 000.00 Malawian students and \$100. 00 for International students.