



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NOTE: CANDIDATES WHO WERE PREVIOUSLY WITHDRAWN FROM THE UNIVERSITY OF MALAWI OR ANY COMPARABLE INSTITUTION ON ACADEMIC GROUNDS AND THOSE ALREADY REGISTERED WITH THE UNIVERSITY OF MALAWI OR ANY COMPARABLE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 *(Refer to the advert.)*

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 st Attempt Grades	2 nd Attempt Grades	3 rd 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 (start with the recent employer)	Post Held	Dates	
		From	To

F. APPLICATION FEE

All applicants are STRICTLY required to DEPOSIT a non-refundable application fee of K12, 000.00 for Malawians and U\$25.00 for international applicants to the following bank account:

	NATIONAL BANK OF MALAWI
Account Name	UNIMA Revenue Account
Account Number	1002239236
Branch	Zomba Branch
Swift Code	NBMAMWMW
Sort Code/Branch Code	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.

The University Registrar
University Office (Admissions Office)
P.O. Box 278
Zomba

THE CLOSING DATE FOR RECEIVING APPLICATIONS IS FRIDAY, 19TH JULY, 2019

H. CHECKLIST**ITEM**

I confirm that I have duly completed all the relevant sections of this application form and attached the following supporting documents:

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

I. DECLARATION

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

Signature: _____

Date: _____