2020-2021 Academic Year **1 |** P a g e



A. PERSONAL DETAILS

7.

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

INCOMPLETE APPLICATIONS SHALL NOT BE PROCESSED!

NOTE: CANDIDATES WHO WERE PREVIOUSLY WITHDRAWN FROM THE UNIVERSITY OF MALAWI OR ANY COMPARABLE INSTITUTION ON ACADEMIC GROUNDS AND THOSE ALREADY REGISTERED WITH THE UNIVERSITY OF MALAWI OR ANY COMPARABLE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

1.	Surname:		First Name:		Initials:	
2.	Date of Birth:/		Sex: M F National	ity:		
	Home District:		T/A:		Village:	
3.	Contact Address:					
	 Tel:		Em			
4.	Next of Kin – Address:					
	Tel:	_Mobile:	En	nail:		
В.	PROGRAMME APPLIED FOR (Use th	e abbrevia	ited codes provided under Section J of	this applicat	ion form.)	
Prog	ramme: Name				Code	
r	QUALIFICATIONS RECORD (Tick/Inc	dicate ani	propriately)		_	
School/Board: Ye ii. High/Secondary school (Fill in the gaps below with the relevant information)						
	1 st Attempt Grades		2 nd Attempt Grade	S	3 rd Attempt Grades	
	Year:		Year: Year:			
	Qualification:		Qualification:		Qualification:	
Centre name:			Centre #:		Centre name: 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	l	6	1	6	ı

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:			Institu	ution:			
	Reason for leaving your previous institution:						
D.	O. CANDIDATES WITH SPECIAL NEEDS						
Sta	te any physical impairment you have and any spe	cial assistance/facilitie	s that you require:				
Ε.	EMPLOYMENT RECORD (attach a reference lette	er from each employer	given below)				
	Name of Employer	Post Held		Dates			
	(start with the recent employer)			From	То		

F. APPLICATION FEE

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

	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 <u>bearing the name of the</u> <u>applicant</u> 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 THUSDAY, 13th AUGUST, 2020

H. CHECKLIST

IT	EM	\checkmark			
10	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.				

		hereby
mation given on this form	is true.	
	Date:	
	_	rmation given on this form is true. Date:

INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED!