MALAWI UNIVERSITY OF BUSINESS AND APPLIED SCIENCES

UNDERGRADUATE APPLICATION FORM FOR NON -RESIDENTIAL MUBAS DIPLOMA AND DEGREE PROGRAMMES

This form should be completed in **BLOCK LETTERS** and returned together with the required attachments including Bank Deposit Slip to the **Registrar**, **Admissions Office**, **Private Bag 303**, **Chichiri**, **Blantyre 3**, **Malawi**, **Central Africa**.

INCOMPLETE APPLICATIONS SHALL NOT BE PROCESSED!

NOTE: CANDIDATES WHO WERE PREVIOUSLY WITHDRAWN FROM ANY PUBLIC UNIVERSITY OR COMPARABLE INSTITUTION ON ACADEMIC GROUNDS AND THOSE ALREADY REGISTERED WITH MUBAS OR ANY COMPARABLE INSTITUTION AS GOVERNMENT OR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

PEI	RSONAL DETAILS				
1.	Surname:		First Name:		Initials:
2.	Date of Birth:/	/	_ Sex: M F Nationality:		
3.	Home District:		_T/A:	Village:	
4.	Contact Address:				
	Tel:	Mobile:	Email:		
5.	Next of Kin	Address:			
6.			Email:		
Tel	:	Mobile:	Email:		
Α.	PROGRAMME APPLIED FOR				
Р	rogramme Name:				

B. 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.

Year Obtained

- i. Degree/Diploma: ____ School/ Board:
- **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.	

Attach your passport size photo here 2021-2022 Academic Year

 Year	School/Board	
 Year	School/Board	
Year	School/Board	

v. Have you ever been registered as a student of any public University before or any other comparable institution elsewhere?

If yes, when: ______ Programme: ______ Institution: ______

Reason for leaving your previous institution:

C. CANDIDATES WITH SPECIAL NEEDS

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

D. Employment History (if necessary to this application)

Name of Employer	Referee name and address	Years of Engagement	

E. APPLICATION FEE

All applicants are <u>STRICTLY</u> required to <u>DEPOSIT</u> a nonrefundable application fee of K12,000.00 for Malawians and U\$300.00 for international applicants <u>to the following bank</u> <u>account:</u>

Bank Name	National Bank of Malawi	
Account Name	Polytechnic Revenue Account	
Account Number	737461	
Branch	Chichiri Branch	

Note: A copy of the deposit slip <u>bearing the name of the</u> <u>applicant</u> should be attached to the application form.

F. 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 <u>should be sent to the address</u> <u>given below</u> and not to any constituent/affiliate college of the University of Malawi.

The Registrar
Admissions Office
Private Bag 303
Chichiri
Blantyre 3

THE CLOSING DATE FOR RECEIVING APPLICATIONS IS 30th SEPTEMBER, 2021

hereby certify that all the

G. CHECKLIST

ITEM	\checkmark			
I confirm that I have duly completed all the relevant sections of this application form and attached the following supporting documents:				
1. Certified copies of all my relevant diplomas/certificates/academic transcripts/Statement from MANEB	1			
2. Original proof of availability of funds to finance your 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. Official reference letter(s) from the current and/or previous employer(s) showing proof of work experience (if necessary to this application.)	1			

H. DECLARATION

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information given on this form is true.

Signature: ____

Date: ____

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!