



INSTITUTE OF CONTINUING EDUCATION APPLICATION FORM

This form MUST be completed in BLOCK LETTERS and returned together with required attachments to the Institute Manager at the Blantyre Main Office or at Mzuzu, Lilongwe and Salima satellite campuses.

Email: ice@mubas.ac.mw

Attach photo

Semester applied for: **January- June** **July- December**

SECTION A

PERSONAL INFORMATION

SURNAME: _____ TITLE: DR/MR/MRS/MS

OTHER NAMES: _____

MARITAL STATUS: _____ DATE OF BIRTH: _____

NATIONALITY: _____ GENDER: _____

ACADEMIC QUALIFICATION: _____

PROFESSIONAL QUALIFICATION: _____

HOME DISTRICT: _____ CONTACT ADDRESS: _____

TEL/CELL: _____ EMAIL: _____

NEXT OF KIN: _____ CONTACT: _____

HOW DID YOU KNOW ABOUT ICE PROGRAMMES? (TICK)

WEBSITE () FACEBOOK () NEWSPAPER ADVERT () RADIO () FRIENDS () NOTICE BOARDS ()

SECTION B

PROGRAMME APPLIED FOR:

FIRST CHOICE: _____

SECOND CHOICE: _____

SECTION C

CAMPUS: BLANTYRE (); LILONGWE (); MZUZU () & MSALURA ()

SECTION D

MODE OF ATTENDANCE: WEEKDAY/ WEEKEND (TICK)

NOTE: ATTACH COPIES OF CERTIFICATES, NOTIFICATIONS AND BANK DEPOSIT SLIP OF **TEN THOUSAND KWACHA** FROM STANDARD BANK, G/ CORNER BRANCH, ACCT NAME: CONTINUING EDUCATION CENTRE: ACCT NUMBER: 9100001168336

SIGNATURE OF APPLICANT _____ DATE _____