

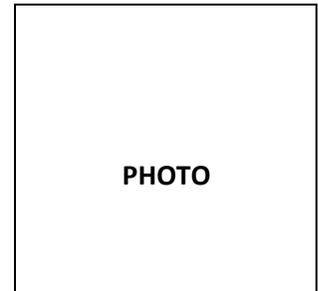
**MALAWI UNIVERSITY OF BUSINESS AND
APPLIED SCIENCES
(MUBAS)**

CONTINUING EDUCATION CENTRE

APPLICATION FORM FOR JANUARY – JUNE 2022 SEMESTER

(This form must be completed in block letters)

SECTION A



A. PERSONAL INFORMATION

- i. SURNAME: Title: DR/MR/MRS/MS ii.
OTHER NAMES: iii.
MARITAL STATUS: DATE OF BIRTH: iv.
NATIONALITY GENDER.....
v. ACADEMIC QUALIFICATION vi.
PROFESSIONAL QUALIFICATION vii.
HOME DISTRICT viii.
CONTACT ADDRESS..... Xi
TEL/CELL: EMAIL:

B. COURSE APPLIED FOR

- i. **FIRST CHOICE**.....
ii. **SECOND CHOICE**

**C. CAMPUS: BLANTYRE () ; LILONGWE () ; MZUZU () & MSALURA () D. MODE OF
ATTENDANCE: Weekday/Weekend (TICK)**

RETURN THIS TO: THE DIRECTOR OR COORDINATORS ON THE ADDRESSES GIVEN IN THE ADVERT BY ATTACHING COPIES OF CERTIFICATES, NOTIFICATIONS AND BANK DEPOSIT SLIP OF **TEN THOUSAND** KWACHA FROM STANDARD BANK, G/ CORNER BRANCH, ACCT NAME: CONTINUING EDUCATION CENTRE: ACCT NUMBERS **9100002714695/9100001668336.**

SIGNATURE OF APPLICANT **DATE**

Centre of excellence in scientific and technological education and training