

UNDERGRADUATE APPLICATION FORM FOR NON-RESIDENTIAL DIPLOMA AND DEGREE PROGRAMMES

(To be completed in triplicate)

a. b. c.	Diploma [] Economic Fee Paying [] Extended Degree Programme []	d. e.	Mature and Upgrading Progran Open Distance and e-Learning		Attach your passport size photo here	
DED	SONAL DETAILS					
	SONAL DETAILS Surname:		First Name:		Initiala	
	Date of Birth://					
	Home District:			_		
4.	Contact Address:					
	Tel: Mobile:		Email:			
5.	Next of Kin: A	ddress:				
	Tel: Mobile	ə:	Email:			
6.	i. Name and Address of Sponsor:					
	Tel:					
A. F	A. PROGRAMME APPLIED FOR					
	1st Choice	2nd	Choice	3 rd Choice		





В	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.

School/ Board: Year Obtained						
High/Secondary school (Fill in the gaps below with the relevant information): MSCE [] IGCSE []						
1 st Attempt Grades		2 nd Attempt Grades	3 rd Attempt Grades			
Year:		Year: Centre name:		Year: Centre name:		
Centre name:						
Centre #:		Centre #:		Centre #:		
Candidate #:		Candidate #:		Candidate #:		
Subject (Highest to Lowest)	Grade	Subject (Highest to Lowest)	Grade	Subject (Highest to Lowest)	Grad	
1.		1.		1.		
2.		2.		2.		
3.		3.		3.		
4.		4.		4.		
5.		5.		5.		
6.		6.		6.		
7.		7.		7.		
5. 6.	fications	5. 6.		5. 6.		
School/Board						
		Year	School/Boar	rd		
			3011001/ 2 001			
Have you ever been institution elsewhere		a student of any public Universi	ty before o	r any other comparable		
				Institution:		



(C. CANDIDATES WITH S	SPECIAL NEEDS					
5	State any physical impairment you have and any special assistance/facilities that you require:						
[D. APPLICATION FEE AND	SUBMISSION OF APPLICATION FORM					
U\$3	00.00 for international application		tion fee of K12,000.00 for Malawian nationals and ogether with a bank deposit slip showing the name of ostal address indicated in the table below.				
	Bank Name	National Bank of Malawi	The Registrar				
	Account Name	Polytechnic Revenue Account	MUBAS Admissions Office				
	Account Number	737461	Private Bag 303				
	Branch	Chichiri Branch	Chichiri, Blantyre 3				
	onfirm that I have duly cor pporting documents:	mpleted all the relevant sections of this	application form and attached the following				
1.	Certified copies of all my	relevant diplomas/certificates/academic tra	anscripts/Statement from MANEB				
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.	4. Official reference letter(s) from the current and/or previous employer(s) showing proof of work experience (if necessary to this application.)						
INS		GROUNDS AND THOSE ALREADY REG	ANY PUBLIC UNIVERSITY OR COMPARABLE ISTERED WITH MUBAS OR ANY COMPARABLE				
F. 0	DECLARATION						
I		hereby	certify that all the information given on this form is true	Э.			
9	Signature:	Date:					

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!



