



**UNDERGRADUATE APPLICATION FORM
FOR NON RESIDENTIAL UNIVERSITY OF MALAWI
CERTIFICATE AND DIPLOMA PROGRAMMES**

This form should be completed in **BLOCK LETTERS** and returned together with the required attachments to the **University Registrar, Admissions Office (Polytechnic Diploma Programmes), P.O. Box 278, Zomba, Malawi, Central Africa.**

Attach your passport size photo here

NOTE: CANDIDATES WHO WERE PREVIOUSLY WITHDRAWN FROM THE UNIVERSITY OF MALAWI OR ANY COMPARABLE INSTITUTION ON ACADEMIC GROUNDS AND THOSE ALREADY REGISTERED WITH THE UNIVERSITY OF MALAWI OR ANY COMPARABLE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

PERSONAL 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: _____
Tel: _____ Mobile: _____
Email: _____
6. Name _____ and _____ Address _____ of _____
Sponsor _____
Tel: _____ Mobile: _____
Email: _____

A. PROGRAMME APPLIED FOR

Programme Name:

First Choice:

Second Choice:

Third Choice:

B. QUALIFICATIONS RECORD (Tick/Indicate appropriately)

Strictly attach original academic transcript(s) and copy(s) of certificate(s)/statement of result(s)

i. 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.	

ii. Other Relevant Qualifications

_____ Year _____ School/Board

 _____ Year _____ School/Board

 _____ Year _____ Degree/diploma

iii. Have you ever been registered as a student of the University of Malawi 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 STRICTLY required to DEPOSIT a non-refundable application fee of K11, 000.00 for Malawians and U\$300.00 for international applicants to the following bank account:

Bank Name	National BANK OF MALAWI
Account Name	UNIMA Revenue Account
Account Number	1002239236

Branch	Zomba Branch
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Note: A copy of the deposit slip bearing the name of the applicant 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 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) (Polytechnic Diploma Programmes),
P.O. Box 278
Zomba

THE CLOSING DATE FOR RECEIVING APPLICATIONS IS FRIDAY, 21st April 2018

G. CHECKLIST

ITEM	<input checked="" type="checkbox"/>
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	
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.)	

H. DECLARATION

I _____ hereby certify that all the information given on this form is true.

Signature: _____ Date: _____

INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED!