

MALAWI UNIVERSITY OF BUSINESS AND APPLIED SCIENCES**UNDERGRADUATE APPLICATION FORM****FOR NON -RESIDENTIAL MUBAS ODL CERTIFICATE 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!

Attach your
passport size
photo here

NOTE: CANDIDATES WHO WERE PREVIOUSLY WITHDRAWN FROM ANY PUBLIC UNIVERSITY OR COMPARABLE INSTITUTION ON ACADEMIC GROUNDS AND THOSE ALREADY REGISTERED WITH MUBAS OR ANY COMPARABLE INSTITUTION AS GOVERNMENT OR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

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: _____

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.

- i. Degree/Diploma: _____
School/ Board: _____ Year Obtained _____
- 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.	

iii. Other Relevant Qualifications

_____ Year _____ School/Board _____

_____ Year _____ School/Board _____

_____ Year _____ School/Board _____

iv. 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 STRICTLY required to DEPOSIT a non-refundable application fee of K11,000.00 for Malawians and US\$300.00 for international applicants to the following bank account:

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

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 Registrar
Admissions Office
Private Bag 303
Chichiri
Blantyre 3

**THE CLOSING DATE FOR RECEIVING APPLICATIONS IS
FRIDAY, 2nd July 2021**

G. CHECKLIST

ITEM	
I confirm that I have duly completed all the relevant sections of this application form and attached the following supporting documents:	<input checked="" type="checkbox"/>
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: _____

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