2023-2024 Academic Year **1** | P a g e



UNDERGRADUATE APPLICATION FORM FOR OPEN DISTANCE AND E-LEARNING CANDIDATES

This form should be completed in **BLOCK LETTERS** and returned together with the required attachments to the **Registrar**, **University of Malawi**, **P.O. Box 280**, **Zomba**, **Malawi**, **Central Africa**.

Attach your passport size photo here

INCOMPLETE APPLICATIONS SHALL NOT BE PROCESSED!

Α.	PERSONAL DETAILS					
1.	Surname:		First Name:	Initials:		
2.	Date of Birth:/_	/Sex:	M F Nationality:			
	Home District:	T/A:		Village:		
3.	Contact Address:					
	Tel:	Mobile:	Email:			
4.	Next of Kin – Address:					
	Tel:	Mobile:	Email:			
B.	PROGRAMME APPLIED FOR: Clearly indicate the Open Distance and E Learning progrogram(s) you are applying for.					

C. QUALIFICATIONS RECORD

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.	
8.		8.		8.	

	2023-2024 A	cademic Year	2 P a g e					
ii.	Have you ever been	registered as a student of the Universit	y of Malawi before or any other comparable institution elsewhere?					
	If yes, when:	Programme:	Institution:					
	Reason for leaving y	our previous institution:						
D.	CANDIDATES WITH SPECIAL NEEDS							
Sta	ate any physical impair	ment you have and any special assistanc	re/facilities that you require:					
Ε.	APPLICATION FEE		F. SUBMISSION OF APPLICATION FORM					
ref U\$	fundable application f	required to DEPOSIT a non- ee of K25, 000.00 for Malawians and nal applicants to the following bank	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.					
		NATIONAL BANK OF MALAWI	The Bariston					
	Account Name	Chanco Sundry Income	The Registrar					
	Account Number	282553	University of Malawi					
	Branch	Zomba Branch	P.O. Box 280					
	Swift Code	NBMAMWMW	Zomba					
	Sort Code/Branch Code	006	THE CLOSING DATE FOR RECEIVING APPLICATIONS IS MONDAY, 30 TH APRIL, 2022					
		eposit slip bearing the name of the attached to the application form.	IVIONDAT, 30 APRIL, 2022					
	G. CHECKLIST							
TEN	Λ							
		mpleted all the relevant sections of this appl	lication form and attached the following supporting documents:					
			nscripts duly certified by a commissioner of oaths					
. (Original proof of availabili	ty of funds to finance my training i.e. official	sponsorship letter or applicants bank statement(s)					
			of of payment of an appropriate application fee.					
		n names and contact details of three traceable						
		programme applied for as well as the candida						
. C	Official reference letter(s) from the current and/or previous employer	(s) showing proof of at least 2 years work experience.					
	H. DECLARATI	ON						
	I		hereby					
	certify that all th	ne information given on this form is true.						

INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED!

Date: _____

Signature: