



UNDERGRADUATE APPLICATION FORM FOR MATURE ENTRY 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.**

INCOMPLETE APPLICATIONS SHALL NOT BE PROCESSED!

Attach your
passport size
photo here

A. 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

Programme: Name Code

C. 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: _____

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 the University of Malawi before or any other comparable institution elsewhere?

If yes, when: _____ Programme: _____ Institution: _____

Reason for leaving your previous institution: _____

D. CANDIDATES WITH SPECIAL NEEDS

State any physical impairment you have and any special assistance/facilities that you require: _____

E. EMPLOYMENT RECORD (attach a reference letter from each employer given below)

Name of Employer (start with the recent employer)	Post Held	Dates	
		From	To

F. APPLICATION FEE

All applicants are **STRICTLY** required to **DEPOSIT** a non-refundable application fee of **K25, 000.00** for Malawians and **US\$35.00** for international applicants to the following bank account:

NATIONAL BANK OF MALAWI	
Account Name	Chanco Sundry Income
Account Number	282553
Branch	Zomba Branch
Swift Code	NBMAMWMW

Note: A copy of the deposit slip **bearing the name of the applicant** should be attached to the application form.

G. 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
University of Malawi
P.O. Box 280
Zomba

**THE CLOSING DATE FOR RECEIVING APPLICATIONS
IS WEDNESDAY, 31ST JULY 2024**

H. 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. Copies of all my relevant degrees/diplomas/certificates/academic transcripts duly certified by a commissioner of oaths	
2. Original proof of availability of funds to finance my 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. Curriculum vitae (CV) with names and contact details of three traceable referees.	
5. A clear specification of a programme applied for as well as the candidate's preferred mode of its delivery	
6. Official reference letter(s) from the current and/or previous employer(s) showing proof of at least 2 years work experience.	

I. DECLARATION

I _____ hereby certify that all the information given on this form is true and correct to the best of my knowledge and belief. I understand and agree that any false or misleading information will justify a denial of admission or expulsion from the University.

Signature: _____

Date: _____

INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED!