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MALAWI UNIVERSITY OF SCIENCE AND TECHNOLOGY

POSTGRADUATE PROGRAMMES

APPLICATION FORM

						ENTRY YEAR
PROC	GRAMME:					APPLICATION No.
			•••••			RECEIPT No.
This f	form should be co	ompleted in Block	letters and re	eturned with a n	on-refundab	ple application fee of K10,00
for M	alawians/US\$ 10	00 for non –Malaw	ian students	to:		
	Univer	sity Registrar				
	Malaw					
	P.O. Bo	ox 5196				
	Limbe,	MALAWI				
	Tel: 01	478 0000				
	Email:	admissions@must.a	ac.mw			
1.	PERSONAL DE	TAILS				
	Surname/Fami	ly Name:			• • • • • • • • • • • • • • • • • • • •	
	Other Names:					
	Title: Mr/Mrs/	Miss/Ms/Rev./Othe	ers:			
	Marital Status:					
	Maiden Name	(if applicable):			• • • • • • • • • • • • • • • • • • • •	
	Date and Place	e of Birth:				
	Nationality:					
	Country of Res	sidence:	<u></u>			
	Gender:	Female:		Male:		
	Address for co	rrespondence:				
			• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	
				•••••		
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	Telephone Nu	mper:	Cell:		+ax	<:

	Email Address:							
Permanent Address if different:								
2.	STUDY DETAILS							
	Programme being applied for:							
	Method of study (Select one option: Full-time/Part-time							

3. ACADEMIC QUALIFICATIONS

UNIVESITY/ COLLEGE	Date yo	u attended	Programme	Qualification	Date of Award	Class of Award
	From	То				
				,		
				,		

4. PROFESSIONAL AND OTHER QUALIFICATIONS

UNIVESITY/ COLLEGE	Date yo	u attended	Programme	Qualification	Date of Award	Class of Award
	From	То				

Note: Applicants should attach certified copies of degree or equivalent and/or qualification certificates and, where applicable, a transcript of their academic record.

5. WORK EXPERIENCE

Please give details of your work experience with most recent first

Dates		Name of Organization	Position/Nature of work	
From	То			

6.	SPECIAL REQUIREMENTS								
	Please give details of any physical or other disabilities which may require special arrangements or								
	facilities.								
		•••••							
7.	FINANCIAL SUPPORT								
	Who will pay your fees? Give the	e name of the institution	ons etc or put "self"						
	, , ,		sins, etc., or put sen						
		,							
	NOTE: For self-sponsored studen	its please attach a ban	k statement as proof of capacity to pay for						
	•	•	letter of commitment from sponsor.						
0	MOTIVATION FOR APPLYING F		·						
ο.									
			ant to pursue this Postgraduate Programme. Also						
	nclude the research area you want to pursue with a brief concept note. (Use a separate sheet for this								
	and attach it to this form).								
9.	BANK DETAILS								
	Bank Name:	Standard Bank							
	Branch:	Limbe							
	Account Name:	MUST Students	Account						
	Type of Account:	Current Accoun	t						
	Account Number:	9100001063429	9						
	Swift Code:	SBICMWMX							
	DEFEDER.								
10.	REFEREES								
	Please provide below the names,	positions and address	es of two referees. (at least one should be an						
	academic member of staff)								
	Name:	•••••	Name:						
	Position:		Position:						
	Address		Address:						

Email:

Email:

I certify	that th	ne above information is correct and hereby apply for admission to the	
		Programme at the Malawi University of Science	
and Tec	hnolog	gy.	
Signed:	:	Date:	
12. APPLICA	ATION	I CHECKLIST	
		ITEM	CHECI
Have you comp	pleted	all relevant sections of this form?	
Have you depo	osited a	an appropriate application fee and attached a deposit slip bearing your name to	
transcript of yo	ur acad		
sponsored stude	ent?	letter of commitment from your sponsor or your bank statement as a self-	
Have you attacthe research yo	•	our write up on your motivation to study this programme and a concept note of to undertake?	
FOR OF	FICE U	SE ONLY	
	1.	I certify that the candidate has submitted: (a) A fully completed application form with passport size photo; (b) Certified copies of certificates; (c) Notification of results;	
		ermore, I have examined the submitted documents and the <i>candidate</i> syldoes not satisfy the minimum requirements for the programme.	
:	Signat	ure:Head of Department/Programme Coordinator	
	Date:		
	2.	On behalf of the Selection Committee, I recommend/ not recommend the candidate to Senate.	

Signature: Date:

11. DECLARATION