



MALAWI UNIVERSITY OF SCIENCE AND TECHNOLOGY

SHORT COURSE STUDENTS SELECTION APPLICATION FORM

NOTE: Complete the form in BLOCK letters

This form should be completed in BLOCK LETTERS and returned with a non-refundable application fee of K10,000.00 to:

University Registrar
Malawi University of Science &
Technology,
P.O. Box 5196
Limbe, MALAWI
Tel: 2651678000
Email: admissions@must.ac.mw

FOR OFFICE USE
ONLY

ENTRY YEAR

APPLICATION No.

RECEIPT No.

1. PERSONAL DETAILS

Surname:.....

First Names:

Title (Mr/Mrs/Miss/Ms/Rev./Others):

Marital Status:

Maiden Name (if applicable):

Date and Place of Birth:.....

Nationality:

Country of Residence:.....

Gender:

Female:

☐

Male:

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Address for Correspondence:

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3. PROGRAMME OF STUDY DETAILS (Certificate in Graphics Design, Certificate in Television Production, and Certificate in Events Management)

Study Programme being applied for:

1st Choice _____

2nd Choice _____

3rd Choice _____

4. DETAILS OF SECONDARY/HIGH SCHOOL YOU ATTENDED

SECONDARY/HIGH SCHOOL	Date you attended		Subjects Studied	Year Examinations were written	Year results were obtained	Grades achieved
	From	To				

Note: Applicants should attach certified copies of certificates OR notification of results

5. SPECIAL REQUIREMENTS

Please give details of any physical or other disabilities which may require special arrangements or facilities.

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6. FINANCIAL SUPPORT

Applicants must demonstrate ability and willingness to pay economic fees by submitting a letter of financial support from their parents/guardians or sponsors.

7. BANK DETAILS

Bank Name : Standard Bank
Branch : Limbe
Account Name : MUST Students Account
Type of Account : Current Account
Account Number : 9100001063429

Bank Name : National Bank of Malawi
Branch : Henderson Street
Account Name : MUST Students Collection
Type of Account : Current Account
Account Number : 1008811427

OR

Bank Name : FDH Bank
Branch : Limbe

Account Name : MUST Collections

Type of Account : Current Account

Account Number : 1070000218137

9. REFEREES

Please provide below the names, positions and addresses of two referees. (at least one should be an academic member of staff)

Name :

Position :

Postal Address:

.....

.....

Phone Number :

Email address :

Name :

Position :

Postal Address:

.....

.....

Phone Number :

Email address :

10. DECLARATION

I _____ hereby certify that the information given above is true and to the best of my knowledge.

Signature: _____ Date: _____

11. APPLICATION CHECK LIST

ITEM	✓
Have you completed all relevant sections on this form?	
Have you deposited an application fee and attached a deposit slip?	
Have you attached officially stamped photocopies of the certificate (s) or statement of result (s) that you have indicated?	
Have you attached letter of financial support from parent/guardian or sponsor.	

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED