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MALAWI UNIVERSITY OF SCIENCE AND TECHNOLOGY
2026 TAGDEV 2.0 UNDERGRADUATE PROGRAMME
APPLICATION FORM

FOR OFFICE USE ONLY
ENTRY YEAR
APPLICATION No.
RECEIPT No.

NOTE: All those currently enrolled in public universities and those who were withdrawn on academic grounds are **NOT** eligible to apply.

This form should be completed in **BLOCK LETTERS** and returned to the address below:

University Registrar
Malawi University of Science & Technology,
P.O. Box 5196
Limbe, MALAWI
Tel: 2651478000
Email: acacademics@must.ac.mw

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:

Address for Correspondence:

.....

Telephone Numbers:

Email Address:

Permanent Address if different:

2. PROGRAMME OF STUDY BEING APPLIED FOR:

3. 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

4. DETAILS OF UNIVERSITY/COLLEGE (FOR MATURE ENTRY STUDENTS ONLY)

UNIVERSITY/COLLEGE ATTENDED	Date you attended		QUALIFICATION	Year Examinations were written	Year results were obtained	Grades achieved
	From	To				

Note: Applicants should attach certified copies of certificates

5. SPECIAL REQUIREMENTS

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

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6. BANK DETAILS

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

7. REFEREES

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

Name:

Name:

Position:

Position:

Address:.....

Address:.....

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Email:

Email:

8. DECLARATION

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

Signature: _____ Date: _____

9. 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?	

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!