



**MALAWI UNIVERSITY OF SCIENCE AND TECHNOLOGY**  
**OPEN AND DISTANCE E-LEARNING (ODEL)**

**NOTE:** All those currently enrolled in public universities and those who were withdrawn on academic grounds are NOT eligible to apply.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 with a non-refundable application fee of K10,000:

Att: ODeL Coordinator  
The University Registrar  
Malawi University of Science & Technology,  
P.O. Box 5196  
Limbe, MALAWI  
Tel: +265 1 478 000  
Email: [odeladmissions@must.ac.mw](mailto:odeladmissions@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:

Address for correspondence: .....

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Telephone Number: .....

Email Address: .....

Permanent Address if different: .....

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**2. PROGRAMME OF STUDY DETAILS**

Study Programme 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. FINANCIAL SUPPORT

Applicants must demonstrate ability and willingness to pay 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

8. 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: .....

9. DECLARATION

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

10. 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!