



MALAWI UNIVERSITY OF SCIENCE AND TECHNOLOGY

POSTGRADUATE PROGRAMMES

APPLICATION FORM

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

PROGRAMME:.....

This form should be completed in Block letters and returned with a non-refundable application fee of K10,000 or US\$ equivalent for Malawians and citizens of SADC member states while all other international students will pay US\$50, to:

University Registrar
 Malawi University of Science & Technology,
 P.O. Box 5196
 Limbe, MALAWI
 Tel: 01 478 0000
 Email: admissions@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. STUDY DETAILS

Programme being applied for:.....

Method of study (Select one option: Full-time/Part-time

3. ACADEMIC QUALIFICATIONS

UNIVERSITY/ COLLEGE	Date you attended		Programme	Qualification	Date of Award	Class of Award
	From	To				

4. PROFESSIONAL AND OTHER QUALIFICATIONS

UNIVERSITY/ COLLEGE	Date you attended		Programme	Qualification	Date of Award	Class of Award
	From	To				

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	To		

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 name of the institutions, etc, or put "self"

.....

NOTE: For self-sponsored students please attach a bank statement as proof of capacity to pay for yourself. Those being sponsored should also include a letter of commitment from sponsor.

8. MOTIVATION FOR APPLYING FOR THIS PROGRAMME

Write a 500 words essay briefly explaining why you want to pursue this Postgraduate Programme. Also include 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 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

REFEREES

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

Name: Position:
 Name: Address:
 Position:
 Address..... Email:

 Email:

Name:
 Position:
 Address:

 Email:

10. DECLARATION

I certify that the above information is correct and hereby apply for admission to the _____ Programme at the Malawi University of Science and Technology.

Signed:..... Date:

11. APPLICATION CHECKLIST

ITEM	CHECK
Have you completed all relevant sections of this form?	
Have you deposited an appropriate application fee and attached a deposit slip bearing your name to this form?	
Have you attached certified copies of degree or equivalent and/ or qualification certificates and a transcript of your academic record	
Have you attached a letter of commitment from your sponsor or your bank statement as a self-sponsored student?	
Have you attached your write up on your motivation to study this programme and a concept note of the research you wish to undertake?	

FOR OFFICE USE 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;

Furthermore, I have examined the submitted documents and the *candidate satisfies/does not satisfy* the minimum requirements for the programme.

Signature:Head of Department/Programme Coordinator

Date:

2. On behalf of the Selection Committee, I *recommend/ not recommend* the candidate to Senate.

Signature:..... Date: