



MALAWI UNIVERSITY OF SCIENCE AND TECHNOLOGY
ECONOMIC FEE PAYING STUDENTS: APPLICATION FORM

NOTE: All those currently enrolled in public universities and those who were withdrawn on academic grounds are NOT eligible to apply.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 K10,000.00 for Malawians/US\$ 100 for non –Malawian students to:

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

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

Tel: 01 478 000

1. PERSONAL DETAILS

Surname/Family Name:.....

Other 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: Cell: Fax:

Email Address:

Permanent Address if different:

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2. PROGRAMME OF STUDY DETAILS

Study Programme being applied for:

1st Choice _____

2nd Choice _____

3rd Choice _____

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 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
Swift Code:	SBICMWMX

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?	
Have you attached letter of financial support from parent/guardian or sponsor.	

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!