

Pass Port Size Photo

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MALAWI UNIVERSITY OF SCIENCE AND TECHNOLOGY

POSTGRADUATE PROGRAMMES

		APPLICATION FORM	ENTRY YEAR
PROGRAMME:			APPLICATION No.
T ICOGIA UVIIVIE	•••••	••••••	RECEIPT No.
This form should be co	ompleted in Block lette	rs and returned with a non-refund	dable application fee of K10,000
or US\$ equivalent for .	Malawians and citizens	s of SADC member states while all	other international students will
pay US\$50, to:			
Univers	ity Registrar		
		C. Tashnalamı	
	University of Science	∝ recnnology,	
P.O. Bo			
Limbe,	MALAWI		
Tel: 01	478 0000		
Email: <u>a</u>	admissions@must.ac.m	<u>w</u>	
1. PERSONAL DE	TAILS		
Surname:			
First Names:			
Title (Mr/Mrs/I	Miss/Ms/Rev./Others):		
Marital Status:	•••••		••••••
Maiden Name	(if applicable):		
Date and Place	of Birth:		
Nationality:	••••		•••••
Country of Res	idence:		
Gender:	Female:	Male:	
Address for cor	respondence:		
74441633 101 601	respondence		
	•••••		
	•••••		

	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

UNIVESITY/ COLLEGE	Date yo	u attended	Programme	Qualification	Date of Award	Class of Award
	From	То				

4. PROFESSIONAL AND OTHER QUALIFICATIONS

UNIVESITY/ COLLEGE	Date yo	u attended	Programme	Qualification	Date of Award	Class of Award
	From	То				

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	То		

6.	SPECI	IAL R	EOL	JIREN	aents
••					

	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

REFER	REES
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Please provide below the names, posi	tions 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		apply for admission to 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?	

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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.

Signat	ture:Head of Department/Programme Coordinator
Date:	······································
2.	On behalf of the Selection Committee, I recommend/ not recommend the candidate to Senate.
Signat	ture: