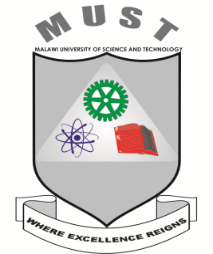
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| **THE MALAWI UNIVERSITY OF SCIENCE AND TECHNOLOGY**  **DEPARTMENT OF APPLIED STUDIES APPLICATION FORM**  This form must be filled in **BLOCK LETTERS** | INSERT A PHOTO **HERE** |



**COURSES ON OFFER**

1. **Data Analysis and Statistical Tools**
2. **Business Management and Entrepreneurship**

**­­­­­­­­­­**

**CHOOSE COURSE(S) BEING APPLIED FOR (An applicant can choose a maximum of two courses):**

1. **…………………………………………………………………………………………….**
2. **…………………………………………………………………………………………….**
3. **PERSONAL DETAILS**

1. Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Initials: \_\_\_\_\_\_\_\_\_

2. Date of Birth: \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/

3. Sex:

4. Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Contact Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Next of Kin’s Name & Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Applicant’s occupation:
2. Special needs information

State any physical impairment that may require special attention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **ACADEMIC RECORD**
2. **Tertiary qualification**

|  |  |  |
| --- | --- | --- |
| **University** | **Subject Area** | **Year obtained** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **MSCE qualification**

|  |  |
| --- | --- |
| **School** | **Year obtained** |
|  |  |
|  |  |

1. **WORK EXPERIENCE**

|  |
| --- |
| **Employer:** |
| **Job title: Duration:** |
| **Duties and responsibilities** |
| **Employer:** |
| **Job title: Duration:** |
| **Duties and responsibilities** |

1. **SUBMISSION OF AN APPLICATION FORM**

A duly completed application form (in Word or converted to PDF) should be submitted via email to **odeladmissions@must.ac.mw**

**THE CLOSING DATE FOR RECEIVING APPLICATIONS IS FRIDAY, 284th FEBRUARY, 2025.**

1. **DECLARATION**

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

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_