



MALAWI UNIVERSITY OF SCIENCE AND TECHNOLOGY

2025 TAGDEV UNDERGRADUATE PROGRAMME 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NOTE: All those currently enrolled in public universities and those who were withdrawn on academic grounds are NOT eligible to apply.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 OR US\$50 for non-Malawian students to:

University Registrar
Malawi University of Science & Technology,
P.O. Box 5196
Limbe, MALAWI
Tel: 2651478000
Email: acacademics@must.ac.mw

Table with 1 column and 4 rows: FOR OFFICE USE ONLY, ENTRY YEAR, APPLICATION No., RECEIPT No.

1. PERSONAL DETAILS

Form fields for personal details: Surname, First Names, Title, Marital Status, Maiden Name, Date and Place of Birth, Nationality, Country of Residence, Gender (Female/Male checkboxes).

Address for Correspondence: [Dotted lines for address input]

Telephone Numbers: .....

Email Address: .....

Permanent Address if different: .....

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2. PROGRAMME OF STUDY BEING APPLIED FOR: .....

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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. 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

7. REFEREES

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

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

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

**8. DECLARATION**

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

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

**9. 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!**