



UNIVERSITY OF LIVINGSTONIA
Central Office

P.O. Box 112, Mzuzu
Email: ur@unilia.ac.mw
Website: www.unilia.ac.mw



Accredited by NCHE, MCM & MAB

Send completed forms to:

Admissions
The University Registrar,
University of Livingstonia
P.O Box 112, Mzuzu, Malawi

FOR OFFICIAL USE ONLY

PROGRAMME CODE (SN): -----
APPLICATION NUMBER: -----
RECEIPT No.:-----

POST GRADUATE ADMISSION APPLICATION FORM
JANUARY INTAKE 2023

Instruction; Please complete all sections of this form and tick where applicable.

1. APPLICANTS PERSONAL INFORMATION :

Last Name: _____ First Name: _____

Other(s): _____

Sex: Male Female Nationality: _____ ID/Passport
Number _____

Date of Birth: _____/_____/_____ Home District:

Traditional Authority: _____ Village: _____

Contact Address:

Tel No.: _____ Mobile No.: _____ Email:

Present postal Address for Correspondence:

To inspire learners through relevant education, quality and innovative teaching, research and consultancy,
and learning environment, the University of Livingstonia shall develop principled leaders who shall
transform society for the glory of God

Physical Address (for mail delivery by courier)	Permanent address (if different address)
Permanent Home Address (if different) Tel.: Email:	District of Origin:

2. WHICH PROGRAMME ARE YOU APPLYING FOR? *(Please tick your choice in the boxes provided).*

a. Sanitation Post-graduate Programs; Faculty of Applied Sciences

- i. Master of Science in in Sanitation
- ii. Post Graduate Diploma in Sanitation
- iii. Certificate in Sanitation
- iv. Short courses in Sanitation

b. Theology Post-graduate Programs; Faculty of Theology

- i. Master Arts in Theology and Religious Studies
- ii. Master of Arts in Theology and Gender Studies
- iii. Master of Arts in Theology and Development Studies

c. Other tailor made Courses/Electives of need
(Specify): _____

3. PLEASE INDICATE YOUR SOURCE OF FUNDING

Self-Sponsored Employer (If Employer provide details)
Other (Specify): _____

4. DETAILS OF THE SPONSOR OR GUARDIAN RESPONSIBLE FOR THE PAYMENT OF FEES

Surname/Institution: _____ First Name: _____
Initials: _____

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Contact Address:

Mobile No. _____ Tel.: _____

Email: _____

5. **ACADEMIC DETAILS/QUALIFICATIONS:** (*most recent in order of merit from highest to lowest points*)

Qualification e.g. Degree, Diploma,	Title of the course (eg BSc Public Health)	Institution	From -To	Final Grades

**Please enclose certified copies of your certificates*

6. **OTHER PROFESSIONAL QUALIFICATIONS FOR TAILOR MADE COURSES**

Qualification e.g. certificates	Title of the course e.g. SMART Centre Technician	Institution offering the course e.g. Save the Children	From-To	Final Grades

**Please enclose certified copies of your certificates*

7. **EMPLOYMENT HISTORY** (*Please start with the current/most recent*)

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Position	Name of the Organization/Institution	Address	From-To

8. PLEASE PROVIDE CONTACT INFORMATION FOR YOUR REFEREES.

Name	Capacity in which He/She is known	Address	Email. address

9. INDICATE YOUR PROFICIENCY IN LANGUAGES

Language	Very Good	Good	Adequate
English			

10. HOW OR WHERE DID YOU HEAR ABOUT UNILIA AND THE PROGRAMME YOU ARE APPLYING FOR?

Please attach the following:

- i. Curriculum Vitae (not applicable to recent UNILIA graduates)
- ii. 2 colour passport photos
- iii. Photocopy of National ID

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- iv. Copies of Academic and Professional Certificates and Transcripts
- v. Proof of ability to pay fees (i.e. either by attaching a letter from the sponsor or employer confirming sponsorship or bank statements)
- vi. Three letters of recommendation from three referees (not applicable to recent UNILIA graduates)
- vii. Where English was not the medium of instructions, please produce a certificate of proficiency in English from a recognized English Language Examination Board.
- viii. Application processing fee of MK 15, 000 (for Malawian Applicants) and 50 USD (For Non-Malawian Applicants) should be paid to the bank details indicated above.

11. The bank details are as follows:

Bank Name:	First Capital Bank (FCB)
Account Name:	University of Livingstonia
Account Number:	0272378334
Branch:	Mzuzu

You can also pay through a Bank certified cheque and attach to the Application form

NOTE: The University does not use an Agent in all payments payment processes.

Declaration:

I certify that the statements made by me on this form are correct, and that if admitted I will conform to the University's rules and regulations. I understand that, if admitted, I must pay the entire fee due to the University.

Signature of Applicant: _____

Date: _____

Place: _____

All enquiries should be directed to the University Registrar at ur@unilia.ac.mw or co@unilia.ac.mw

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