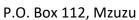


Send completed forms to:

UNIVERSITY OF LIVINGSTONIA Central Office







FOR OFFICIAL USE ONLY

Accredited by NCHE, MCM & MAB

Admissions The University Registrar, University of Livingstonia P.O Box 112, Mzuzu, Malawi		PROGRAMME CODE (SN):
POST GRA	ADUATE ADMISSION APPLICA	ATION FORM
	2024 SEPTEMBER INTAKE	
Instruction; Please complete all	sections of this form and tic	k where applicable.
1. APPLICANTS PERSONAL I	NFORMATION:	
Last Name:Other(s):		
Sex: Male Female Nati	onality: ID	/Passport
Date of Birth:	/H	ome District:
Traditional Authority: Contact Address:	Village:	
Tel No.: Mo	bbile No.:E	mail:

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

Preser	nt postal Address for Correspondence:	
Physi	ical Address (for mail delivery by courier)	Permanent address (if different address)
Perm	nanent Home Address (if different)	District of Origin:
Tel.: Emai	l:	
2. provid a.		
b.	 Theology Post-Graduate Programs; Factors i. Master Arts in Theology and Reliance ii. Master of Arts in Theology and Communities iii. Master of Arts in Theology and Communities 	gious Studies Gender Studies
C.	Other tailor made Courses/Electives of (Specify):	need
3.	PLEASE INDICATE YOUR SOURCE OF FUN	IDING
	Self-Sponsored	Employer (If Employer provide details)

To inspire learners through relevant education, **Q**uality 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

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

Surname/Institution: ______First Name: ______Initials: _____

Other (Specify):

Contact Address:

4.

Qualification e.g. Degree, Diploma,	Title of the course (e.g. BSc Public Health)	Instit	ation		From -To	Final
Diploma,	Public Health)					Grades
*Please enclos	e certified copies of y	our ce	rtificates			
OTHER PROFES	SSIONAL QUALIFICAT	IONS F	OR TAILOR	MAD	E COURSES	
Qualification	Title of the course	e.g.	Institution		From-To	Final Grad
e.g. certificates	SMART Centre Technician		offering the course e.g			
			Save the Children			
*Please enclos	 e certified copies of y	our ce	rtificates			
MPLOYMENT HIS	TORY (<i>Please start</i> w	vith the	current/m	ost re	cent)	
				Addr		From-To

To inspire learners through relevant education, **3** 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

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. PLEASE ATTACH THE FOLLOWING:

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

Account Number	027 23 78334
Account Name	University of Livingstonia
Bank	First Capital Bank (FCB)
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 payment processes.

Declaration:

I certify that the statements made $^{ }$	by me on this form are corre	ect, and that if admitted I will
conform to the University's rules ar	nd regulations. I understand	I that, if admitted, I must pay the
entire fee due to the University.		
Signature of Applicant:	Date:	Place:
· · · · · · · · · · · · · · · · · · ·		
All enquiries pertaining to the acad	emic programmes should b	e directed to:

The Postgraduate Coordinator	The Dean Faculty of Applied Sciences
Phone: +265 0995559937	Phone: +265991396310
Email: postgrad@unilia.ac.mw	Email: deanappliedsciences@unilia.ac.mw

For further information, contact the University Registrar on: 0887734567 or ur@unilia.ac.mw

Applications must be sent by post, email or in person to the following address by 22 July, 2024:

University Registrar Central Office, P.O. Box 112, Mzuzu.

admissions@unilia.ac.mw