

# **UNIVERSITY OF LIVINGSTONIA Central Office**

P.O. Box 112, Mzuzu

Email: admissions@unilia.ac.mw Website: www.unilia.ac.mw



FOR OFFICIAL USE ONLY

# Accredited by NCHE, MCM & MAB

Send completed forms to:	FOR OFFICIAL USE ONLY
Admissions The University Registrar,	PROGRAMME CODE (SN):
University of Livingstonia	APPLICATION NUMBER:
P.O Box 112, Mzuzu, Malawi	RECEIPT No.:
POST GRADUATE ADMI	SSION APPLICATION FORM
2025 JAN	UARY INTAKE
Instruction; Please complete all sections of th	is form and tick where applicable.
1. APPLICANTS PERSONAL INFORMATION	l:
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:	
Physical Address (for mail delivery by courier	) Permanent address (if different address)
Physical Address (for mail delivery by courier	) Permanent address (if different address)

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

		T
Perm	anent Home Address (if different)	District of Origin:
Tel.:		
Emai	l·	
Lillai	1.	
2.		G FOR? (Please tick your choice in the boxes
provid	•	
a.	Sanitation Post-Graduate Programs; Fa	culty of Applied Sciences
	i. Master of Science in in Sanitation	
	ii. Post Graduate Diploma in Sanita	tion
	iii ost Gradatte Dipioma in Samta	
L	The alastic Post Conducts Business From	ultivat Thankau
D.	Theology Post-Graduate Programs; Fac	, , , , , ,
	<ul><li>i. Master Arts in Theology and Reli</li><li>ii. Master of Arts in Theology and G</li></ul>	
	<ul><li>ii. Master of Arts in Theology and G</li><li>iii. Master of Arts in Theology and D</li></ul>	
	iii. Master of Arts in Theology and L	evelopment studies
C.	Other tailor-made Courses/Electives of r	need (Specify):
c.	other tailor made courses, Electives of t	iceu (Specify).
3.	PLEASE INDICATE YOUR SOURCE OF FUN	IDING
	Self-Sponsored	Employer (If Employer provide details)
	Other (Specify):	Employer (ij Employer provide details)
	other (Specify).	
4.	DETAILS OF THE SPONSOR OR GUARDIA	N RESPONSIBLE FOR THE PAYMENT OF FEES
		rst Name:Initials:
	Contact Address:	
	Mobile No Tel.:	Email:

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

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

<sup>\*</sup>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

<sup>\*</sup>Please enclose certified copies of your certificates

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

Position	Name of the	Address	From-To
	Organization/Institution		

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## 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
- 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:

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.

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11001	AKATIAN:	
DELI	aration:	

I certify that the statements made by	y me on this form are co	rrect, and that if admitted I will
conform to the University's rules and	d regulations. I understa	nd that, if admitted, I must pay the
entire fee due to the University.		
Signature of Applicant:	Date:	Place:
All enquiries pertaining to the acade	mic programmes should	be directed to:

Designation	Cell phone	Email
Dean - Applied Sciences	0111668343	deanappliedsciences@unilia.ac.mw
Dean - Theology	0995 109 941	deantheology@unilia.ac.mw
The Postgraduate Coordinator	0992 542 092	postgrad@unilia.ac.mw

All other enquiries should be directed to the University Registrar at admissions@unilia.ac.mw.