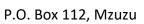


Send completed forms to:

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):
	JATE ADMISSION APPI OR JANUARY INTAKE 2	
Instruction; Please complete all second 1. APPLICANTS PERSONAL INFO		d tick where applicable.
Last Name: Firs	-	
Sex: Male Female Nationa	llity:	_ ID/Passport
Date of Birth:/	J	_ Home District:
Traditional Authority: Contact Address:	Village:	
Tel No.: Mobile	e No.:	Email:
Present postal Address for Correspo	ondence:	
Physical Address (for mail delivery	by courier) Permane	ent address (if different address)

Permanent Home Address (if different)		District of Origin:
Tel.:		
Emai	il:	
2. provid		ING FOR? (Please tick your choice in the boxes
-	Sanitation Post-graduate Programs; F	Faculty of Applied Sciences
	i. Master of Science in in Sanitat	<u></u>
	ii. Post Graduate Diploma in Sani	tation
	iii. Certificate in Sanitation	
	iv. Short courses in Sanitation	
b.	 Theology Post-graduate Programs; Formula i. Master Arts in Theology and Robin ii. Master of Arts in Theology and Robin iii. Master of Arts in Theology and Robin 	eligious Studies I Gender Studies
C.	Other tailor made Courses/Electives o (Specify):	
3.	PLEASE INDICATE YOUR SOURCE OF FI	UNDING
	Self-Sponsored Other (Specify):	Employer (If Employer provide details)
4.	DETAILS OF THE SPONSOR OR GUARD Surname/Institution:Initials:	IAN RESPONSIBLE FOR THE PAYMENT OF FEESFirst Name:
	Contact Address:	
	Mobile NoTe	

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

^{*}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		

Name		Capacity in which He/She is known	Address	Er	mail. address
IDICATE	YOUR PROF	ICIENCY IN LANGUA	GES		
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APPL'	'ING FOR?				
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11.

The bank details are as follows:

Non-Malawian Applicants) should be paid to the bank details indicated above.

First Capital Bank (FCB) University of Livingstonia 0272378334 Mzuzu
Bank certified cheque and attach to the Application form
not use an Agent in all payments payment processes.
s made by me on this form are correct, and that if admitted I will rules and regulations. I understand that, if admitted, I must pay the rsity.
Date
i S Ser

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

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.