UNIVERSITY OF LIVINGSTONIA
Central Office
P.O. Box 112, Mzuzu
Email: admissions@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

2026 JANUARY INTAKE

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:

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 ☐

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: _____

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 (e.g. 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)*

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. 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 20, 000** (for 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 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 pertaining to the academic programmes should be directed to:

Designation	Cell phone	Email
Dean - Applied Sciences	0991 396 310	**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.