



KAMUZU UNIVERSITY
OF HEALTH SCIENCES

**UNDERGRADUATE APPLICATION FORM
FOR DEGREE PROGRAMMES**

Please Tick the Type of Programme Applied for:

- a. Mature Entry
b. Economic Fee Paying

Attach your passport size photo
here

NOTE: CANDIDATES WHO WERE PREVIOUSLY WITHDRAWN FROM ANY OTHER PUBLIC UNIVERSITY ON ACADEMIC GROUNDS AND THOSE ALREADY REGISTERED WITH ANY OTHER PUBLIC UNIVERSITY AS GOVERNMENT OR SELF-SPONSORED STUDENTS ARE NOT ELIGIBLE FOR ADMISSION

A. PERSONAL DETAILS

1. Surname: _____ First Name: _____ Initials: _____
 2. Date of Birth: _____/_____/_____ Sex: M F Nationality: _____
 Home District: _____ T/A: _____ Village: _____
 3. Contact Address: _____

 Tel: _____ Mobile: _____ Email: _____
 4. Next of Kin – Address: _____
 Tel: _____ Mobile: _____ Email: _____

B. PROGRAMME APPLIED FOR (Use the abbreviated codes provided under **Section J** of this application form.)

Programme: Name

Code

C. QUALIFICATIONS RECORD (Tick/Indicate appropriately)

Strictly attach original academic transcript(s) and copy(s) of certificate(s)/statement of result(s) duly certified by a district commissioner or any commissioner of oaths.

- i. **Degree/Diploma:** _____
School/Board: _____ **Year:** _____

ii. **High/Secondary school** (Fill in the gaps below with the relevant information)

1 st Attempt Grades	2 nd Attempt Grades	3 rd Attempt Grades
Year:	Year:	Year:
Qualification:	Qualification:	Qualification:
Centre name:	Centre name:	Centre name:
Centre #:	Centre #:	Centre #:
Candidate #:	Candidate #:	Candidate #:

Subject (Highest to Lowest)	Grade	Subject (Highest to Lowest)	Grade	Subject (Highest to Lowest)	Grade
1.		1.		1.	
2.		2.		2.	
3.		3.		3.	
4.		4.		4.	
5.		5.		5.	
6.		6.		6.	
7.		7.		7.	

iii. Other Relevant Qualifications

_____ Year _____ School/Board _____

_____ Year _____ School/Board _____

_____ Year _____ School/Board _____

iv. Have you ever been registered as a student of the University of Malawi before or any other comparable institution elsewhere?

If yes, when: _____ Programme: _____ Institution: _____

Reason for leaving your previous institution: _____

D. CANDIDATES WITH SPECIAL NEEDS

State any physical impairment you have and any special assistance/facilities that you require: _____

E. EMPLOYMENT RECORD (attach a reference letter from each employer given below)

Name of Employer (start with the recent employer)	Post Held	Dates	
		From	To

F. APPLICATION FEE

All applicants are **STRICTLY** required to **DEPOSIT** a non-refundable application fee of **K12, 000.00** for Malawians and **US\$25.00** for international applicants to the following bank account:

NATIONAL BANK OF MALAWI	
Account Name	KUHeS Fees
Account Number	1008195923
Branch	Chichiri Branch
Swift Code	NBMAMWMW

Note: A copy of the deposit slip **bearing the name of the applicant** should be attached to the application form.


G. SUBMISSION OF APPLICATION FORM

A duly completed application form together with a bank deposit slip showing the name of the candidate and any other relevant attachments **should be sent to the address given below**

The Registrar
Kamuzu University of Health Science
P/Bag 360, Chichiri
Blantyre 3
Email: admissions@kuhes.ac.mw

**THE CLOSING DATE FOR RECEIVING APPLICATIONS IS
FRIDAY, 11th NOVEMBER, 2022**

H. CHECKLIST

ITEM	
I confirm that I have duly completed all the relevant sections of this application form and attached the following supporting documents:	
1. Copies of all my relevant degrees/diplomas/certificates/academic transcripts duly certified by a commissioner of oaths	
2. Original proof of availability of funds to finance my training i.e. official sponsorship letter or applicants bank statement(s)	
3. Copy of a bank deposit slip showing the name of the applicant and proof of payment of an appropriate application fee.	
4. Curriculum vitae (CV) with names and contact details of three traceable referees.	
5. A clear specification of a programme applied for as well as the candidate's preferred mode of its delivery	
6. Official reference letter(s) from the current and/or previous employer(s) showing proof of at least 2 years work experience.	

I. DECLARATION

I _____ hereby certify that all the information given on this form is true and correct to the best of my knowledge and belief. I understand and agree that any false or misleading information will justify a denial of admission or expulsion from the University.

Signature: _____

Date: _____

INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED!

