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**UNDERGRADUATE APPLICATION FORM**

**FOR** **DEGREE PROGRAMMES**

**ECONOMIC FEE PAYING APPLICANTS**

Attach your passport size photo here

1. **PERSONAL DETAILS**
2. Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_\_
3. Date of Birth:\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ Sex: M F Nationality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T/A: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Village: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Contact Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Next of Kin – Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **PROGRAMME APPLIED FOR** *(Use the abbreviated codes provided in the advert.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Programme:** Name  |  | Code |  |

1. **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.

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

|  |
| --- |
| **Grades** |
| Year: |
| Qualification: |
| Centre name: |
| Centre #: |
| Candidate #: |
| **Subject *(Highest to Lowest)*** | **Grade** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7.  |  |

1. **CANDIDATES WITH SPECIAL NEEDS**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **APPLICATION FEE**

All applicants are **STRICTLY** required to **DEPOSIT** a non-refundable application fee of **K12, 000.00** for Malawians and **U$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.

1. **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, 15Th SEPTEMBER, 2023**

1. **CHECKLIST**

|  |  |
| --- | --- |
| tick-button**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** certificates/academic transcripts **duly certified by a commissioner of oaths**
 |  |
| 1. Copy of a bank deposit slip showing the name of the applicant and proof of payment of an appropriate application fee.
 |  |
| 1. A clear specification of a programme applied for
 |  |

1. **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_