



THE CATHOLIC UNIVERSITY OF MALAWI

Montfort Campus, P.O. Box 5452, Limbe, Malawi

Tel: (265) 0111 625 070/ 0111 625071 Email: registrar@cunima.ac.mw

www.cunima.ac.mw

UNDERGRADUATE APPLICATION FORM

Complete both sides of this Application Form and send it to: The University Registrar, The Catholic University of Malawi, Montfort Campus, P.O. Box 5452, Limbe, Malawi, with a non-refundable application fee of K5000 to be deposited to one of the University's bank accounts as per advertisement.

SECTION 1: PERSONAL DETAILS

Surname: _____ Other Names _____ Date of Birth _____

Nationality _____ Gender: _____ Marital Status: _____

Address for Correspondence: _____

Tel. Number: _____ Fax Number: _____ Email address (if any) _____

Religious Affiliation: [] Catholic [] Protestant (specify): _____

Parish/Congregation: _____ [] Muslim [] Other (specify): _____

Do you have any disability? [] Yes [] No. If YES, state nature of disability.

SECTION 2: ACADEMIC RECORD

List All High/Secondary Schools Attended:

Name: _____ Address: _____ From: _____ To: _____

Name: _____ Address: _____ From: _____ To: _____

Name: _____ Address: _____ From: _____ To: _____

Attach photocopies of ALL Academic Certificates

List All Colleges/Universities Attended

Name: _____ From: _____ To: _____ Degree/Diploma Earned _____

Name: _____ From: _____ To: _____ Degree/Diploma Earned _____

Name: _____ From: _____ To: _____ Degree/Diploma Earned _____

Attach photocopies of ALL Academic Certificates and Transcripts

SECTION 3: ACADEMIC PROGRAMMES

BSoc (Economics), BSoc (Political Leadership), BSoc (Social Work), BCom (Accountancy), BCom BCom (Business Administration),

1ST Choice _____ 2nd Choice _____ 3rd Choice _____

SECTION 4: FINANCIAL SUPPORT

Who will sponsor your education at the Catholic University of Malawi? _____

If it is an institution or any other body other than self, please attach a letter from the Sponsor. If self, please indicate how you will raise money: _____

SECTION 5: RECOMMENDATION

(By the Applicant's religious leader e.g. priest, pastor, etc)

Please comment on the Applicant's suitability to study at the Catholic University of Malawi:

Name: _____ Signature: _____ Date: _____

Address: _____ Telephone Number _____

SECTION 6: VERIFICATION

(Applicant's Signature Required)

By signing this Application Form you confirm that the information is correct and that misrepresentation of facts on the Application Form could be cause for expulsion or a suspension from the Catholic University of Malawi if discovered after enrolment.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Recommendation by Faculty Dean:

Recommended programme: _____ Number of Years: [1] [2] [3] [4]

Not Recommended – Reason: _____

Dean's Signature _____ Date _____

Endorsed by the Deputy Vice Chancellor-Academic:

DVC's Signature _____ Date _____

Admissions Committee Decision:

Approved – Programme: _____ Number of Years: [1] [2] [3] [4]

Not Approved – Reason: _____

Chairperson's Signature _____ Date _____

Action by Chairperson of University Senate: _____

Signature of Chairperson of University Senate: _____ Date _____