



KAMUZU UNIVERSITY
OF HEALTH SCIENCES

The Vice Chancellor

Prof. M. Mallewa (BMedSc, MBBS, MRCP, MRCPCH, DRM&H, PhD)

Our Ref:202214570081/ LOYOLA JESUIT SECONDARY

Your Ref:

Email: registrar@kuhes.ac.mw

Date: 01st August, 2023

CHAGOMERANA PRECIOUS

Ntchisi District Hospital

Post Office Box 44

Ntchisi

Phone: 880945352

Email: chagomeranapreciousluciano@gmail.com

Dear CHAGOMERANA PRECIOUS,

**ADMISSION INTO BACHELOR OF NUTRITION AND DIETETICS DEGREE
PROGRAMME AS A GENERIC UNDERGRADUATE STUDENT FOR THE 2024
ACADEMIC YEAR**

On behalf of Council of the Kamuzu University of Health Sciences (KUHeS), I am pleased to offer you admission into the Foundation year of the 5-year Bachelor of Nutrition and Dietetics Degree program at the Mahatma Ghandi Blantyre Campus. This prestigious opportunity to join one of the newly commissioned public Universities in Malawi comes in recognition of your academic achievements.

In anticipation of the questions you may have regarding this offer; we have assembled the information contained in the paragraphs below:

Commencing Date: 12th February 2024

Tuition Fee contribution and mode of payment

Tuition fees for the Bachelor of Nutrition and Dietetics program is K550, 000.00 per academic year.

However, the tuition fees are subject to review when need arises. The tuition fee contribution must be paid in full during registration of the first semester or in two equal installments of MWK275, 000.00 at the beginning of each semester of an academic year.

The tuition fee contribution should be paid through the following bank account before registration: **Account Name: KUHeS Fees, Branch: Chichiri, Account Type: Current Account, Account Name: KUHeS Fees, Account Number: 1008195923**

EXCELLENCE FOR LIFE

Mahatma Ghandi Road • P/Bag 360, Chichiri, Blantyre 3 • Tel: +2651 810 911 / +2651 811 286 • Email: registrar@kuhes.ac.mw



www.kuhes.ac.mw



@KuHeS_mw

Proof of payment showing your full name, name of program and year of study should be sent to the University physically or through email to admissions@kuhes.ac.mw. Registration will be done upon proof that you have paid the required tuition fee contribution.

You shall also be required to pay a once off Malawi Medical Council Registration fee of K10,000.00 to the following bank account; **Bank; National Bank Branch; Capital City Account type; Current Account, Account Number; 1040669** and proof of payment should be sent to the Registrar of the Malawi Medical Council at medcom@medcommw.org with a copy to admissions@kuhes.ac.mw

Loan arrangements for needy students

If your parents or guardians cannot manage to pay the tuition fees required, you may be considered for Malawi Government Loan. The Government loan is only given to needy students up on application through the Higher Education Students' Loans and Grant Board. Information on loan application, terms and conditions can be obtained from the Board through info@heslgb.com or the Office of the University Director of Student Affairs through dsa@kuhes.ac.mw. Registration will be done upon proof that you have been granted a loan

Accommodation and Meals

The University shall not be obliged to provide accommodation and meals. You shall be required to cover these expenses on your own for the full duration of your studies. If you would like to stay on campus, you will be required to apply through the office of the **Director of Students Affairs at the University**. Your consideration shall be based on the criteria for allocating available bed space and if accepted, you will be required to pay applicable rental fees

Book and Stationery

In addition to the fees above, you shall be required to buy your own stationery.

Transport

The University does not provide transport to students therefore, you will be required to travel to and from the University campus using your own transport for the entire duration of your studies.

Rules and Regulations

Acceptance of this offer binds you to rules and regulations governing your stay at the Kamuzu University of Health Sciences. These rules and regulations are available at the Central registry.

Accuracy of information

The University reserves the right to cancel your admission at any time if it is established that you provided false or inaccurate information during your application or registration processes.

You will be required to produce original copies of all your identity documents relevant for verifying your candidature and nationality, as well as certificates and/ or statement(s) of results during the registration process.

Other things to note

This is our final offer to you, and it is subject to your acceptance to join the Kamuzu University of Health Sciences in the program in which you have been selected to.

If for any valid reason you are unable to immediately take up your place, you should request the University to reserve your place for one academic year. This should be done by submitting a formal request to the University Registrar within 14 days from the first day of the first semester of the academic year in which you are expected to report to the University. It is your responsibility to ensure that the University receives such requests and that it communicates back to you in writing.

In case you require more information regarding this offer, please contact the University Registrar on: Kamuzu University of Health Sciences – Private Bag 360, Chichiri BLANTYRE 3, Tel: (+265) 1 871 911/ 01 872 291, Fax: (+265) 1 874 700, Email: registrar@kuhes.ac.mw.

Finally, we wish you all the best in your studies and look forward to interacting with you.

Yours sincerely,



S. LINO FOR: UNIVERSITY REGISTRAR

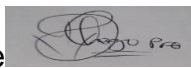
Offer Acceptance/rejection

If you wish to accept or reject this offer letter, please sign a duplicate on the appropriate section provided below and send it to the Registrar, Kamuzu University of Health Sciences Private Bag 360, BLANTYRE 3 Attn; Admissions or email to admissions@kuhes.ac.mw.

Offer Acceptance

I Chagomerana Precious L. (Full Names)
have read this letter carefully and I unconditionally accept(✓)/reject (tick one) the offer to be admitted into the Foundation year of the 5- year Bachelor of Nutrition and Dietetics program at the Kamuzu University of Health Sciences under the conditions outlined herein. I also understand that this is the final offer from the University and that there shall be no alternative should I reject it.

Signature



Date: 05/ August/ 2023