- P.O. Box 1376
   Shoppers-Mall, Plot 4/67 In Old Town
   Opposite Shoprite Bus-Depot
- University of Hebron-UHB
- @uhbuniversity
- Universityofhebron



: +265 993 377 888

: info@uhb.ac.mw: admissions@uhb.ac.mw

: www.uhb.ac.mw

## **APPLICATION FORM FOR POSTGRADUATE PROGRAMME**

A. STUDENTS DE	TAILS						
Surname			First Name				
Middle Name			Female Male				
Marital Status			Country:	ntry:ZIP/CAP/Postcode:			
Nationality:		Dist	rict:	T/A:			
Street Address:				Village:			
Date of Birth:			Place of Birth:				
Contact Address:							
Phone Number: Ce	I		Home:	Home: Office		ce:	
	ETAILS  Date you	attended					
B. ACADEMIC D	ETAILS				Date of	Class of	
B. ACADEMIC D	ETAILS  Date you	attended			Date of	Class of	
B. ACADEMIC D	ETAILS  Date you	attended			Date of	Class of	
B. ACADEMIC D	ETAILS  Date you	attended			Date of	Class of	
B. ACADEMIC D  UNIVERSITY / COLLEGE	Date you From	attended To	Programme		Date of	Class of	
B. ACADEMIC D  UNIVERSITY / COLLEGE	Date you From	attended To	Programme		Date of	Class of	
B. ACADEMIC D  UNIVERSITY / COLLEGE  PROFESSIONAL AN  UNIVERSITY /	Date you From	attended To  UALIFICAT	Programme	Qualification	Date of Award	Class o	
B. ACADEMIC D  UNIVERSITY / COLLEGE  PROFESSIONAL AN  UNIVERSITY /	Date you From  Dother Q Date you	attended To  UALIFICAT attended	Programme	Qualification	Date of Award	Class o	

## **B. WORK EXPERIENCE**

Full-time

Date		Programme Position / Nature	of Work
From	То		
	QUIREMENTS		
lease give de	tails of any phys	ical or other disabilities which may require special arrangements or fa	cilities.
. FINANCIAL	SUDDODT		
		ne name of the institutions, etc, or put "self"	
12 -5 5			
IOTE: For self	- -sponsored stud	ents please attach a bank statement as proof of capacity to pay for yo	urself. Those
eing sponsor	ed should also ir	nclude a letter of commitment from sponsor.	
		G FOR THIS PROGRAMME	
		explaining why you want to pursue this Postgraduate Programme. A	
esearch area	you want to purs	sue with a brief concept note. (Use a separate sheet for this and attach	it to this for
. APPLICATION	ON CHECKLIST		
		ITEM	CHECK
Have you com	pleted all relevant	t sections of this form?	
	<u> </u>	iate application fee and attached a deposit slip bearing your name to this	
form?			
		pies of degree or equivalent and/ or qualification certificates and a transcrip	
Have you attac	THE record		
Have you attac of your acader Have you attac		mmitment from your sponsor or your bank statement as a self-sponsored	
Have you attace of your acader Have you attaces student?	ched a letter of co	o on your motivation to study this programme and a concept note of the	
Have you attac of your acader Have you attac student? Have you attac	ched a letter of co	o on your motivation to study this programme and a concept note of the	
Have you attace of your acader Have you attaces student?	ched a letter of co	o on your motivation to study this programme and a concept note of the	

Block-Release

Online

Evening

Weekend

STUDY DETAILS Programme applying for:						
C. ENTRY REQUIREMENTS  All candidates should attach phonomore of the control of t	notocopies of their certificates or notifi	cation of results.				
		ccounts: <b>University of Hebron, National Bank,</b> count <b>N0: 0002704003385,</b> City Centre Branch				
I provided about my education	nal qualification and job experience is el me from the program at any time.	e. I understand that if at any time the information found to be incorrect or misrepresented, the I further understand that if my application is				
Kin / Guardian Details						
Full Name;		Cell:				
Company / Organisation:						
How did you know about Uni	versity of Hebron (UHB) / Programme	es?				
Social Media	Reference Groups	Other Channels				
Facebook	Family	Television ad				
Instagram	Friends	Radio ad				
Twitter	Institution	University of Hebron Website				
What is your expectation wit	h the University?					
Student Signature						
Signature:		Date:				
For office use						
Academic year:	Application No:					
Receipt No:	Application No:					
Application Review Date (By U	niversity Admission Committee):					
Date Approved:	Student No:					
Signature:						
Vice Chancellor		Registrar				