

Nkhoma University PO Box 136 Lilongwe Tel: 265 (0) 997 957 804
Web: www.nkhoma.ac.mw
Email: nkhomauni@nkhoma.ac.mw

The Fear of the Lord is the Beginning of Wisdom

Applicant No	
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# APPLICATION FORM FOR STUDENTS ENROLMENT

	SONAL DAT	ΓA:					Self
				First Names:			Attested Photograp
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	Telephone	)		Mobile:			
	Permanen	t Address: Dist	rict			 Village	
	Ye	s No [		ck the appropriate		that applies to you	
	Email addı	ress:				er	
	Please giv	nent information e information or nsor or an emplo	n who is going t	o pay for your fee	s; (Please provi	de evidence of com	nmitment if
	Parent	Guardian	Sponsor	Employer	Self	Other	

B. ACADEMIC QUALIFICATIONS (Please give information about your academic qualifications (	Attach at	tested
photocopies)		

1. Secondary Education (Generic/regular students) MSCE/GCE.....

SI. No.	Evamining Rody	Inatitution	Year	Cubicata	Grade
INO.	Examining Body	Institution		,	Grade
Eg	MANEB	Chipasula Sec. School	2015	Mathematics	3
1					
2					
3					
4					
5					
6					
7					
8					
9					

## 2. Tertiary Education (for parallel programme students)

SI. No.	Certificates Awarded	Awarding Institution	Year	Courses	Remark
	Diploma in Business			Principles of	
Eg	Management	ABMA	2015	Accounts	Pass
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
16					
17					
18					
19					
20					

## **C. ENTRY REQUIREMENTS**

- Bachelor's Degree, fours years
   Generic/regular candidates must have MSCE or its equivalent with a minimum of 6 credits including English

- b. Parallel/Weekend/Evening candidates must have MSCE or equivalent with a minimum of 4 credits and any relevant recognized diplomas/certificate(s) with a minimum of two years work experience
- 2. For the three years diploma and the two years Certificates, candidates must have MSCE with a minimum of 5 credits

D. PROGRAMME (Please cho	ose one option)		
Accounting and Final Marketing and Inno Human Resource Marketing and Finance	Degree/Diploma/Certificate ent and Entrepreneurship ance (Pending approval) vation (Pending approval) lanagement (Pending approval) ce (Pending approval) ogistics (Pending approva	proval)	
2. Bachelor of Education (t  Languages and literal  Mathematical Science Social and Environment	ture es		
3. Bachelor of Theology ( Theology Biblical Studies and Eco – Theology (F	d Communications (Pending	approval)	
E. FOOD AND ACCOMMODA THEOLOGY)	TION - GENERIC STUDENT	TS ONLY (FACULTIES OF EDUCATION A	AND
1. Do you require food to	be provided by Nkhoma Univ	versity? Yes No	
	nodation to be provided by N imited places on 'first come f		No
F. MODE OF STUDY (Please	tick as appropriate)		
Full Time  Monday to Friday  8:00am : 3:00pm	Evening Monday to Thursday 5:00pm to 8:00pm	Weekend Friday 4:00pm – 6:00 pm to S 7:00 am : 5:00pm	aturday
G. FEES STRUCTURE PER S	EMESTER		
Tuition fees Registration fees/year Medical fees Student Union Accommodation (Optional) Catering (Optional)	Generic students MK265,000.00 MK5,000.00 MK6,000.00 MK6,000.00 MK50,000.00 MK575,000.00	Parallel/Weekend students MK255,000.00 MK5,000.00	

MK504,000.00

Total

MK260,000.00

H. FEES PAYMENT: Fees MUST be deposited into the University's bank accounts provided as follows:-

National Bank of Malawi	Standard Bank
Nalivijai Dalik VI Malawi	Stallualu Dalik

Account name : Nkhoma University Account name : Nkhoma University
Account number : 328987 Account number : 0140031766000
Branch : Lilongwe Branch : Capital City

#### I. FEES REFUND POLICY

- First two weeks 75%
- Next two weeks 50%
- After four weeks no fees refund.
- Note that Application and Registration fees are non refundable

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### J. DECLARATION:

I certify that the information given in this Application is complete and correct to the best of my knowledge. Further, I undertake to be guided by the Rules and Regulations of the Programme and of the University. If any information provided by me is incorrect, I shall forfeit my admission.

Official Use only					
Received by:	Date:	Applican	t #	GEN	W/END
Faculty:	Department:	Spe	cialisation		
Application reviewed by:	D	ate:	Remarks		
Year of entry if admitted:	Ser	mester #			
Head of Department name:		Signature	D	ate:	
Dean of faculty signature:		Date:			

<sup>\*</sup>All generic students are expected to attend entrance examination\*