



THE CATHOLIC UNIVERSITY OF MALAWI

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

Tel: (265) 0111 625 070/ 0111 625 071/ Email: registrar@cunima.ac.mw

Website: www.cunima.ac.mw

APPLICATION FORM- BRIDGING PROGRAMME

Complete both sides of this Application Form and send it to: The 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 into one of the University's bank accounts as below.

SECTION 1: PERSONAL DETAILS

Surname: _____ Other Names _____ Date of Birth _____

Nationality _____ Gender: _____ Marital Status: _____

Address for Correspondence: _____

Tel. Number: _____ Fax Number: _____ Email address _____

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, (If no certificate available, attach original MANEB results notification slip).******

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

BCom(Accountancy), BCom(Banking & Finance), BCom (Business Administration), BCom (Human Resource Management), BCom(Marketing); BAEd. (Biblical and Religious Studies), BAEd. (English) BAEd. (History) BA(Theology), BEd. (Geography), BEd. (Mathematics), BEd. (Special Needs); BSoc (Anthropology), BSoc (Community Development), BSoc (Development Studies), BSoc (Economics), BSoc (Political Leadership), BSoc (Social Work).

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

*****Please take note that choices made above are only indicative. Those selected after the programme will be guided by Deans of faculties following specific programme requirements.*****

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 _____

Account details: (1). National Bank of Malawi, Catholic University of Malawi, Customs Road Service Centre, Acc. No: 1928694 (2). NBS Bank, Catholic University of Malawi, Limbe Branch, Acc. No.: 14421707