



**Malawi Adventist University  
Malamulo College Campus  
Application Form**

**Please submit the following together with a completer form:**

1. Photocopy of senior secondary certificates and/or university diploma
2. Two passport size photos (attach one to the form)
3. Applicant Evaluation / Recommendation forms in sealed envelopes.
4. Application fees (non-refundable) Nationals K3,500: Foreigners \$30

**Provide the following information in block capital letters:**

1. Full names (surname first) \_\_\_\_\_
2. Birth: date \_\_\_\_\_ month \_\_\_\_\_ year (tick √) male  female
3. Permanent address: \_\_\_\_\_
4. Current address: \_\_\_\_\_
5. Tel-fax number(s): Office: \_\_\_\_\_ Home: \_\_\_\_\_
6. Nationality: \_\_\_\_\_
7. Foreigner: Passport No.: \_\_\_\_\_ Issued at: \_\_\_\_\_ Expiry date: \_\_\_\_\_
8. Who shall be responsible for your fees and upkeep? \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number(s): Office: \_\_\_\_\_ Home: \_\_\_\_\_
9. Religious affiliation:  
Adventist Membership at (address): \_\_\_\_\_  
Other: Indicate denomination: \_\_\_\_\_
10. Educational qualification:

Names of senior secondary school and College/University attended	Years	Credential obtained

11. Work Experience: if you have held or are holding a job, give details about your employment and position:  
\_\_\_\_\_

**12. What programme are you applying for? (tick √ in the column below)**

Programme	Major Concentration
Bachelor of Science in Public Health (BSc.PH)....	Public Health ..... <input type="checkbox"/>
Bachelor of Science Biomedical Science (BSc.MLS)	Medical laboratory science.... <input type="checkbox"/>

**13. Health and Lifestyles assessment: (tick√) the impression you have of your own health and lifestyle:**

Do you	Seldom	Often	Never
Smoke?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take illicit drugs (hemp, cocaine etc)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take alcoholic drinks?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Like having intimate girl/boy friends? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value manual work? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take a vegetarian diet? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use other people's property without their permission?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take drugs for epilepsy, asthma or other chronic disease?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relate well with people from a different background?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Like Adventist lifestyle? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. What motivates you to seek admission to a Christian educational institution?  
 \_\_\_\_\_

15. Accommodation: Currently, we have accommodation for single learners only. Would like to be considered for the accommodation?                      yes                       No

16. Applicant’s Declaration: I (write your names in full) \_\_\_\_\_ hereby do solemnly declare that: The information I have submitted is, to the best of my knowledge, true and substantially correct: I shall, at all times, uphold the Christian principles the College espouses: I shall comply with the College rules and regulations: and that I shall respect and cooperate with the College authorities and fellow learners.  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

17. Sponsor’s Declaration: I/We, (write your or organization’s names in full) \_\_\_\_\_ hereby do solemnly declare that I/We shall be responsible for the fees and/or upkeep of (write names of the learner in full) \_\_\_\_\_ and pay the fees on or before the opening day of each semester, and that in the event that I/We fail to pay the fees when they are due, we shall accept responsibility for the removal of the learner from the College by the College authorities.  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

18. Read in the box below, tick the items mentioned. Be sure you have them handy, ready to send!

Q uickly return the completed form to: The Registrar, Malawi Adventist University, Malamulo Campus P. O. Box 55, Makwasa, Malawi, together with (1) photocopy of your senior secondary school (Form 4 or form 6), College / University diploma or certificate