

E. PREVIOUS ACADEMIC RECORD (Fill in the gaps below with the relevant information)

Have you ever been registered as a student of any public university in Malawi? _____ If yes,

When: _____ Programme: _____ Institution: _____

Reason for leaving your previous institution _____

F.ACADEMIC RECORD (MSCE/IGCSE OR OTHER EQUIVALENT INTERNATIONALLY RECOGNIZED QUALIFICATIONS AT 'O' LEVEL)

MSCE: O-Level: A-Level: Other: Specify _____

You must attach photocopies of your statement of results or certificates, officially stamped and signed By the Head teacher of your last school where you wrote the examinations, or the District Education Manager, or the District commissioner or any commissioner of Oaths. You cannot use two independent Certificates for purposes of accumulating credits.

i. MSCE/O-Level or equivalent qualification (s)

1st Attempt Grades	2nd Attempt Grades	3rd Attempt Grades
Year:	Year:	Year:
Qualification:	Qualification:	Qualification:
Certificate #:	Certificate #:	Certificate #:
Centre/School Name:	Centre/School Name:	Centre/School Name:
Centre #:	Centre #:	Centre #:
Candidate #:	Candidate #:	Candidate #:
From: To:	From: To:	From: To:
Country:	Country:	Country:
Subject (Highest to Lowest)	Subject (Highest to Lowest)	Subject (Highest to Lowest)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
7.	7.	7.
8.	8.	8.
9.	9.	9.
10.	10.	10.

ii. A-Level or equivalent qualification (s)

1st Attempt Grades	2nd Attempt Grades	3rd Attempt Grades
Year:	Year:	Year:
Qualification:	Qualification:	Qualification:
Certificate #:	Certificate #:	Certificate #:
Centre/School Name	Centre/School Name	Centre/School Name
Centre #:	Centre #:	Centre #:
Candidate #:	Candidate #:	Candidate #:
From: To:	From: To:	From: To:
Country:	Country:	Country:
Subject (Highest to Lowest)	Subject (Highest to Lowest)	Subject (Highest to Lowest)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
7.	7.	7.
8.	8.	8.
9.	9.	9.
10.	10.	10.

G.FINANCIAL SUPPORT

i) If selected, how will you pay for your university education?

ii) Give the name of the sponsor/others/Etc., or put "self"

H.CANDIDATES WITH SPECIAL NEEDS

The University encourages you to disclose any disability/medical condition which could disadvantage your ability to study. All offers are made on academic grounds only, and the information you submit will be used to help DMI-SJBU provide appropriate support. Please tick all that apply.

- | | |
|--|--|
| 1. <input type="checkbox"/> No Disability | 6. <input type="checkbox"/> Blind/serious visual impairment |
| 2. <input type="checkbox"/> Learning Difficulty | 7. <input type="checkbox"/> Wheelchair user/Mobility issues |
| 3. <input type="checkbox"/> Deaf/Serious Hearing impairment | 8. <input type="checkbox"/> Mental Health condition |
| 4. <input type="checkbox"/> Personal care support | 9. <input type="checkbox"/> Other disability not listed here |
| 5. <input type="checkbox"/> Unseen Disability : Eg. Diabetes | |

Please detail other disability or additional support needs : _____

DECLARATION

I _____ hereby certify that all the information given on this form is true and further recognize that my application will not be processed if it is incomplete.

Signature: _____ Date: _____

CHECKLIST

I confirm that I have duly completed all the relevant sections of this application form attached the following supporting documents:

1. Copies of all relevant certificates and academic transcripts which are being used for the application. These must be duly certified by a Commissioner of Oaths as true copies of the original	
2. Source of funding, i.e. official scholarship award/sponsorship letter.	
3. Proof of payment of an appropriate application fee bearing my name and the amount of application fee paid.	