

**MALAWI UNIVERSITY OF BUSINESS AND  
APPLIED SCIENCES  
(MUBAS)**

**CONTINUING EDUCATION CENTRE**

**APPLICATION FORM FOR JULY-DECEMBER 2021 SEMESTER**

*(This form must be completed in block letters)*

**PHOTO**

**SECTION A**

**A. PERSONAL INFORMATION**

- i. SURNAME: ..... Title: DR/MR/MRS/MS
- ii. OTHER NAMES: .....
- iii. MARITAL STATUS: ..... DATE OF BIRTH: .....
- iv. NATIONALITY .....GENDER.....
- v. ACADEMIC QUALIFICATION .....
- vi. PROFESSIONAL QUALIFICATION .....
- vii. HOME DISTRICT .....
- viii. CONTACT ADDRESS.....
- xi TEL/CELL: ..... EMAIL: .....

**B. COURSE APPLIED FOR**

- i. **FIRST CHOICE**.....
- ii. **SECOND CHOICE** .....

**C. CAMPUS: BLANTYRE ( ) ; LILONGWE ( ) ; MZUZU ( ) & MSALURA ( )**

**D. MODE OF ATTENDANCE: Weekday/Weekend (TICK )**

**RETURN THIS TO:** THE DIRECTOR OR COORDINATORS ON THE ADDRESSES GIVEN IN THE ADVERT BY ATTACHING COPIES OF CERTIFICATES, NOTIFICATIONS AND BANK DEPOSIT SLIP OF **TEN THOUSAND** KWACHA FROM STANDARD BANK, G/ CORNER BRANCH, ACCT NAME: CONTINUING EDUCATION CENTRE: ACCT NUMBERS **9100002714695/9100001168336.**

**SIGNATURE OF APPLICANT** ..... **DATE** .....