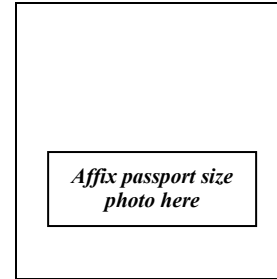




ODeL
POSTGRADUATE PROGRAMMES
Application Form



1. APPLICATION FEES

- a) University Certificate: **Mk20, 000** []
- b) Masters: **Mk20, 000** []

1. PERSONAL DETAILS

First Name		Middle Name	
Maiden Name (if applicable)		Surname	
Gender	Male [] Female []	Date of birth	
Nationality		Place of Birth	
Contact Address		Email:	
		Telephone:	
		Mobile:	
Name and address of next of kin		Email:	
		Mobile:	

Applicants with special needs (Please provide a detailed explanation)

2. FULL NAME OF PG ODeL PROGRAMME APPLIED FOR

3. ACADEMIC RECORD

UNIVERSITY/COLLEGE	Date of Attendance		Main Subjects	Qualification	Date of Award	Class of Award
	From	To				

4. PROFESSIONAL QUALIFICATIONS

UNIVERSITY/COLLEGE	Date of Attendance		Main Subjects	Qualification	Date of Award	Class of Award
	From	To				

5. WORK EXPERIENCE

Please give details of your work experience starting with the most recent one

Dates		Name of Organization	Position/Nature of work
From	To		

6. FINANCIAL SUPPORT

Who will pay your fees? Give the name of the institutions, etc, or put "self"

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7. MOTIVATION FOR APPLYING FOR THIS PROGRAMME

Explain why you want to pursue this Postgraduate Programme in not more than five hundred words.

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8. REFEREES

Please provide the names, positions and addresses of two traceable referees. (one academic and one professional)

Name:	Name:
Position:	Position:
Address:	Address:
.....
.....
.....
Email:.....	Email.....

9. I (Insert your name)

Certify that the above information given on this form is true and hereby apply for admission into the Malawi University of Business and Applied Sciences (MUBAS).

Signed..... Date:

- 1. IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE THAT ALL THE REQUIRED DOCUMENTS ARE INCLUDED IN THE APPLICATION DOSSIER.**
- 2. INCOMPLETE DOSSIERS WILL NOT BE PROCESSED.**
- 3. FOR GUIDANCE, PLEASE USE THE CHECKLIST FOR THE REQUIRED DOCUMENTS BELOW BEFORE SUBMITTING THIS FORM.**

**CHECKLIST FOR THE REQUIRED ATTACHMENTS
AND
PLEASE ARRANGE THE DOCUMENTS IN THE ORDER BELOW**

MASTERS DEGREE AND UNIVERSITY CERTIFICATE APPLICANTS	
A Deposit slip for the application fee	
A completed postgraduate application form	
Certified Academic Transcript	
Certified copies of relevant certificates (by commissioner of oath or notary certified Lawyers)	
Two reference letters (at least one academic)	
A recent CV	

ACCOUNT DETAILS FOR APPLICATION FEE

BANK NAME	NATIONAL BANK OF MALAWI
ACCOUNT NAME	POLYTECHNIC REVENUE ACCOUNT
ACCOUNT NUMBER	73 74 61
BRANCH	CHICHIRI SERVICE CENTRE
SWIFT CODE	NBMAMWW

FOR OFFICE USE ONLY

a) This applicant was scrutinized by:

.....

b) The application dossier is complete

.....

c) The following documents are missing in the application dossier:

The completed form must be submitted to the following email address:

applications-postgraduate@mubas.ac.mw

**THE CLOSING DATE FOR RECEIVING APPLICATIONS FOR THE
SEPTEMBER 2026 INTAKE IS SUNDAY 31st MAY 2026**