



## INSTITUTE OF CONTINUING EDUCATION APPLICATION FORM

This form MUST be completed in BLOCK LETTERS and returned together with required attachments to the Institute Manager at the Blantyre Main Office or at Mzuzu, Lilongwe, Salima and Mangochi satellite campuses.

Email: [ice@mubas.ac.mw](mailto:ice@mubas.ac.mw)

Attach photo

Semester applied for: **January- June**  **July- December**

### SECTION A

#### PERSONAL INFORMATION

SURNAME: \_\_\_\_\_ TITLE: DR/MR/MRS/MS

OTHER NAMES: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ GENDER: \_\_\_\_\_

ACADEMIC QUALIFICATION: \_\_\_\_\_

PROFESSIONAL QUALIFICATION: \_\_\_\_\_

HOME DISTRICT: \_\_\_\_\_ CONTACT ADDRESS: \_\_\_\_\_

TEL/CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NEXT OF KIN: \_\_\_\_\_ CONTACT: \_\_\_\_\_

#### HOW DID YOU KNOW ABOUT ICE PROGRAMMES? (TICK)

WEBSITE ( ) FACEBOOK ( ) NEWSPAPER ADVERT ( ) RADIO ( ) FRIENDS ( ) NOTICE BOARDS ( )

### SECTION B

PROGRAMME APPLIED FOR:

FIRST CHOICE: \_\_\_\_\_

SECOND CHOICE: \_\_\_\_\_

### SECTION C

CAMPUS: BLANTYRE ( ); LILONGWE ( ); MZUZU ( ); MSALURA ( ); MANGOCHI ( )

### SECTION D

MODE OF ATTENDANCE: WEEKDAY ( ) / WEEKEND ( )

**NOTE:** ATTACH COPIES OF CERTIFICATES, NOTIFICATIONS AND BANK DEPOSIT SLIP OF **TEN THOUSAND KWACHA** FROM STANDARD BANK, G/ CORNER BRANCH, ACCT NAME: CONTINUING EDUCATION CENTRE: ACCT NUMBER: 9100001168336

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_