LAMAU APPLICATION FORM FOR THE JANUARY – JUNE 2026 SEMESTER



LAKE MALAWI ANGLICAN UNIVERSITY P. O. BOX 30606 LILONGWE.

Area 47/Sector 2. Opposite ASF Masjid and Education Centre. Behind Sana. (Next to ECG - Bushiri Church)

Email: info@lamau.edu.mw

Web: <u>www.lamau.edu.mw</u>
Cell: +265 999 587 115 / + 265 999 301 899 Facebook: Lake Malawi Anglican University

Attach 2 **Passport-Sized Photos Here** 

# **APPLICATION FORM FOR THE JANUARY - JUNE 2026 SEMESTER**

READ INSTRUCTIONS AND ENTRY REQUIREMENTS ON PAGE 3 BEFORE COMPLETING THIS FORM

1. PERSONAL DETAILS				
Please enter your information exactly as it appears on your academic certificates. Tick in the box where appropriate ( $\checkmark$ )				
SURNAME: FIRST NAME:	MIDDLE NAME:			
GENDER: MALE FEMALE TITLE: MR M	IRS MISS			
DATE OF BIRTH (MM/DD/YY):///	RELIGION:			
MARITAL STATUS: SINGLE MARRIED DIVORCE	EED WIDOWED WIDOWED			
VILLAGE OF ORIGIN:T	RADITIONAL AUTHORITY:			
DISTRICT/CITY: CITIZENSHIP	(COUNTRY):			
PHYSICAL DISABILITY: YES NO IF YES (Please Specify):				
NATIONAL ID / PASSPORT NUMBER (Attach Copy, Skip if not available):				
PHONE NUMBER:/	EMAIL			
	EMAIL			
2. PARENT/GUARDIAN DETAILS	EMAIL			
2. PARENT/GUARDIAN DETAILS				
2. PARENT/GUARDIAN DETAILS  Please fill in the information of people to be contacted (e.g., parent, §	guardian, or close relative)			
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2. PARENT/GUARDIAN DETAILS  Please fill in the information of people to be contacted (e.g., parent, g  PARENT / GUARDIAN I  FULL NAME	guardian, or close relative)  PARENT / GUARDIAN 2  FULL NAME			
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	ME CHOICE  The programme of your choice. Refer to section  Whether you would like to be redirected or the section in the secti		e 4) for the list of pr	ograms. Indicate your first and	second choices
Ist Choice Pr	ogramme:	2	2nd Choice Progr	ramme:	
Redirection:	f not selected for my choices, I agree to be	e placed in	a related program	me where space is available: Y	ES / NO
4. MODE OF	STUDY, SPONSORSHIP AND ACC	ОММО	DATION DETAI	LS	
Please provide y	our preferred mode of study, sponsorship de	tails, and	accommodation pre	ferences. Tick in the box where	appropriate (√)
MODE OF ST	TUDY: REGULAR WEEKEND		BLOCK-RELEASE		
SPONSORSH		sponso /schol/		EMPLOYER:	
NAME OF SP	ONSOR (Skip if Guardian/parent or Self	f):		SPONSOR CONTACT:	
5. EDUCAT	ION / ACADEMIC HISTORY				
	EVEL OR EQUIVALENT (Attach Copn awards obtained from schools (e.g., MSCE		•		
DATE OF AWARD	EXAMINING BOARD		SUBJECT NAME		GRADE / MARKS
	SSIONAL QUALIFICATIONS (Atta	-			g., Certificate,
DATE OF AWARD	INSTITUTION (e.g., School, College, University)	EXAMI	NING BODY	LEVEL / GRADE (e.g., F Distinction, Level 4, Le	

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6.				

A responsible person who knows you well and can confirm your character

REFEREE 1
FULL NAME:

RELATIONSHIP TO APPLICANT:

PHONE:

PHONE:

PHONE:

EMAIL:

REFEREE 2
FULL NAME:

FULL NAME:

FULL NAME:

EMAIL:

REFEREE 2
FULL NAME:

FULL NAME:

EMAIL:

#### 7. DECLARATION STATEMENT

I declare that the information provided in this application is true and correct. I understand that providing false information may result in the disqualification of my application and potential legal action. I agree to abide by the conditions of this application and hereby affix my signature as confirmation.

#### 8. CHECKLIST AND INSTRUCTIONS

- Fill in all pages of this form. After completing, attach certified copies of the required documents.
- Make sure to submit your form as a single complete document. For electronic submissions via email or WhatsApp, it should be scanned into one PDF file
- Incomplete submissions will not be processed.
- Please tick (✓) the following checklist to confirm you have completed each section and attached the required documents:
  - I) Attached 2 Passport-sized Photos
  - 2) Submit the scanned form via email to <a href="mailto:admissions@lamau.edu.mw">admissions@lamau.edu.mw</a>, OR WhatsApp +265 999 587 115, OR physically at our Campus in Area 47/Sector 2. Opposite ASF Masjid and Education Centre. Behind Sana. (
  - 3) Attached MK 25,000 (Non-refundable) Application Fee Deposit Slip Indicate the name of the applicant as depositor
  - 4) Attached M.S.C.E. and or 'A' Level and/or Professional Certificates or any equivalent qualification listed in my application
  - 5) Filled in personal, parent/guardian, programme choice, and reference details
  - 6) Provided my preferred mode of study, sponsorship, and accommodation details
  - 7) Attached a copy of the National ID or Passport (Skip if not available, but will be required on registration once selected)
  - 8) Signed the declaration statement

### 9. ENTRY REQUIREMENTS

- Generic Entry: M.S.C.E. and or Equivalent with 6 credit passes or 'A' Level
- Mature Entry: Diploma in a related field (Academic Transcripts will be required on registration once selected).
- Transfers of credits from other institutions are also accepted

10. <i>A</i>	AVAILABLE PROGRAMMES			
Department of Commerce		Department of Behavioural & Social Science		
1) 2) 3) 4)	Bachelor of Commerce (Business Administration) Bachelor of Commerce (Marketing) Bachelor of Commerce (Accountancy) Bachelor of Commerce (Finance)	Bachelor of Science in Public Health     Bachelor of Social Science in Community Development     Bachelor of Arts in Corporate Security     Management		
Dep	artment of Education	Department of Theology		
I)	Bachelor of Education (Humanities)	Bachelor of Divinity     Bachelor of Arts in Theology		

## Programmes Offered in partnership with Carlile College in Kenya

- 1) Diploma in Children and Family Ministry
- 2) Diploma in School Chaplaincy (and all forms of chaplaincy)

I. FEES DETAILS	
Application Fee (Local/Malawian Applicants) -Non-Refundable	MK 25,000.00
Application (International Applicants) -Non-Refundable	USD 50
Tuition Fees for International Students	USD 1,000 Per Semester
Tuition Fees for Diploma & Certificate	MK 520,000 Per Semester
Tuition Fees for Degree Programmes	MK 750,000 Per Semester
Accommodation	MK 250,000 Per Semester
Medical (Clinical) Fee	MK 20,000 Per Semester
Meals	Outsourced
Student ID Fee	MK 15,000
Internet Service Fee	MK 18,000
Student Union Fee	MK 6,000
Registration with the Medical Council of Malawi (A once-off payment only for Public Health Students)	MK 10,000

**FEES PAYMENT OPTION:** Fees may be paid in **full (once-off)** or in **four (4)** instalments — with **25**% due at registration and the remaining **three (3)** instalments of **25**% each payable at the end of each subsequent month within the semester. **NOTE:** Payment should be made directly to the bank account as indicated below, and **NO** cash should be paid to the University office or any university officer.

ACCOUNT NAME: Lake Malawi Anglican University
ACCOUNT NUMBER: 1003047958

BANK NAME: National Bank of Malawi
BRANCHES: City Centre

FOR OFFICIAL USE ONLY			
RECEIPT NUMBER: DATE OF RECEIPT:	APPLICATION STATUS:		
PROCESSING DATE	PROCESSING OFFICER:		