

## LAKE MALAWI ANGLICAN UNIVERSITY (LAMAU)

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**PASSPORT** 

**PHOTO** 

# UNDERGRADUATE ADMISSION APPLICATION FORM FOR JULY – DECEMBER 2025 INTAKE

#### **READ INSTRUCTIONS ON PAGE 3 BEFORE COMPLETING THIS FORM**

1. PERSONAL DETAIL	S			
SURNAME:		. FIRST NAME:		
GENDER: MALE FEMAL	E TITI	E: MR	MRS	MISS
DATE OF BIRTH:	F	LACE OF BIRT	H:	
MARITAL STATUS: SINGLE MARRIED DIVORCED				
VILLAGE:		T/A:		
DISTRICT:		CITIZI	enship:	
RELIGION:	CELI	<u>:</u>		
	YES	NO	-	YPE OR ATTACH PROOF
ANY PHYSICAL DISABILITY				
HOW DID YOU KNOW ABOUT			SOCIAL MEDIA	A OTHERS
2. CONTACT DETAILS	S (PARENT/GU	ARDIAN)		
POSTALADDRESS:	NEX	T OF KIN:		
	REL	ATIONSHIP:		
	NE	KT OF KIN AD	DRESS:	
CELL:		L:		
3. PROGRAMME CH		AIL:		
		ALIZATION (IF A	NV) TURN TO R	1CT 3 FOR
NB: (PLEASE INDICATE PROGRAMM PROGRAMME	E AIND AREA OF SPECI	ALIZATION (IF AI	NI). IUKN IUP	AGE 3 FOR
PROGRAMME OF CHOICE:				

SPONSO	RSHIP: GOVERNMENT	SELF-SPOI	NSORED PARENTS/G	uardians
OTHERS	(Please Specify):			
OTTLENS	ricuse specify)	••••••		••••••
4. ACA	DEMIC HISTORY (At	tach Certi	ficate Copies)	
MSCE LEVE	EL OR EQUIVALENT			
YEAR	EXAMINATION BOARD	SUBJECT	-	RESULT/GRADI
4.1 PR	OFESSIONAL QUAL	IFICATIO	NS (Attach Certified	Copies)
DATE OF	UNIVERSITY (IF OUTSIDE MA STATE IN FULL NA		ADDRESS)  NAME OF	AWARD
AWARD	PROGRAMME UND	ERTAKEN	UNIVERSITY/COLLEGE	

7	. ILLI LILLINGL	
١.	NAME:	2. NAME:
	ADDRESS:	ADDRESS:
	CELL:	CELL:
	EMAIL:	EMAIL:

## 6. DECLARATION

5 REFERENCE

I DECLARE THAT THE INFORMATION I HAVE GIVEN IS CORRECT AND THAT SHOULD IT BE FOUND TO BE FALSE, MY APPLICATION WILL BE DISQUALIFIED AND MAY FACE LEGAL ACTION. I HEREBY AGREE TO THE CONDITIONS OF THE APPLICATION. TO SIGNIFY WHICH I HEREBY ADD MY SIGNATURE.

SIGNATURE: DATE: DATE:
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## 7. CHECKLIST AND INSTRUCTIONS

Please fill all pages. Subsequent to completing your form, please attach certified copies of the following documents:

- Passport Size Photo (2)
- · Bank Deposit Slip
- M.S.C.E. and or 'A' Level or Professional Certificates or any equivalent qualification

## 8.ENTRY REQUIREMENTS

- M.S.C.E. and or Equivalent with 6 credit or 'A' Level
- Diploma in a related field for mature entry

## 9.AVAILABLE PROGRAMMES

<ul> <li>Department of Commerce</li> <li>Bachelor of Commerce (BBA)</li> <li>Bachelor of Commerce (Marketing)</li> <li>Bachelor of Commerce (Accountancy)</li> <li>Bachelor of Commerce (Finance)</li> </ul>	<ul> <li>Department of Behavioral &amp; Social Science</li> <li>Bachelor of Science in Public Health</li> <li>Bachelor of Social Science in Community Development</li> <li>Bachelor of Arts in Corporate Security Management</li> </ul>
<ul><li>Department of Education</li><li>Bachelor of Education (Humanities)</li></ul>	<ul> <li>Department of Theology</li> <li>Bachelor of Divinity</li> <li>Bachelor of Arts in Theology</li> </ul>

#### Programmes Offered in partnership with Carlile College in Kenya

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

#### 9. FEES DETAILS

Application Fee	MK 18, 000.00
Application/Registration Fee for International Students	USD 50
Tuition Fees for International Students	USD 1,000 Per Semester
Tuition Fees for Diploma & Certificate	MK 400,000 Per Semester
Tuition Fees for Degree Programmes	MK 575,000 Per Semester
Accommodation	MK 200,000 Per Semester
Medical (Clinical) Fee	MK 15,000 Per Semester
Meals	Outsourced
Dissertation Fee	MK 200,000
Student ID Fee	MK 8,000
Internet Service Fee	MK 18,000
Student Union Fee	MK 4,000
Registration with Medical Council of Malawi (A once off payment only for Public Health Students)	MK 10,000

NOTE: Fees can be paid once off or paid in Four (4) installments, with 25% on registration and three (3) 25% payments on the subsequent month ends.

Payment should be made directly to the bank account as indicated below and **NO** cash should be paid to the University office.

ACCOUNT NAME: Lake Malawi Anglican University

ACCOUNT NUMBER: 1003047958

BANK NAME: National bank of Malawi

BRANCH: City Centre

NB: Please indicate on the deposit slip/form the name of the student as a depositor

Submit the form online via email to <u>admissions@lamau.edu.mw</u> or <u>info@lamau.edu.mw</u> OR WhatsApp to 0999 587 I I 5 OR Physically at our Campus in Lilongwe Area 47 Sector 2 behind New Sana along the Mchinji Road.

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