



LAKE MALAWI ANGLICAN UNIVERSITY (LMAU)
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LILONGWE
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**PASSPORT
PHOTO**

UNDERGRADUATE ADMISSION APPLICATION FORM FOR JULY – DEC 2024 INTAKE

READ INSTRUCTIONS ON PAGE 3 BEFORE COMPLETING THIS FORM

1. PERSONAL DETAILS

SURNAME: FIRST NAME:

GENDER: MALE FEMALE TITLE: MR MRS MISS

DATE OF BIRTH: PLACE OF BIRTH:

MARITAL STATUS: SINGLE MARRIED DIVORCED

VILLAGE: T/A:

DISTRICT: CITIZENSHIP:

RELIGION: DENOMINATION:

	YES	NO	IF YES, TYPE OR ATTACH PROOF
ANY PHYSICAL DISABILITY			

2. CONTACT DETAILS (PARENT/GUARDIAN)

POSTAL ADDRESS: NEXT OF KIN:

..... RELATIONSHIP:

..... NEXT OF KIN ADDRESS:

.....

CELL: CELL:

EMAIL: EMAIL:

3. PROGRAMME CHOICE

NB: (PLEASE INDICATE PROGRAMME AND AREA OF SPECIALIZATION (IF ANY). TURN TO PAGE 3 FOR PROGRAMME

PROGRAMME OF CHOICE:

MODE OF STUDY: REGULAR WEEKEND BLOCK-RELEASE

VICINITY RESIDENTIAL COMMUTING

SPONSORSHIP: GOVERNMENT SELF-SPONSORED PARENTS/GUARDIANS

OTHERS (Please Specify):

4. ACADEMIC HISTORY (Attach Certificate Copies)

MSCE LEVEL OR EQUIVALENT

YEAR	EXAMINATION BOARD	SUBJECT	RESULT/GRADE

4.1 PROFESSIONAL QUALIFICATIONS (Attach Certified Copies)

COLLEGE/UNIVERSITY (IF OUTSIDE MALAWI, GIVE ADDRESS)

DATE OF AWARD	STATE IN FULL NAME OF PROGRAMME UNDERTAKEN	NAME OF UNIVERSITY/COLLEGE	AWARD

ADDRESS (IF OUTSIDE MALAWI):

.....

CELL/TEL:

5. REFERENCE

1. NAME: 2. NAME:
ADDRESS: ADDRESS:
CELL: CELL:
EMAIL: EMAIL:

6. DECLARATION

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:**

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. AVAILABLE PROGRAMMES

Faculty of Commerce <ul style="list-style-type: none">• Bachelor of Commerce (BBA)• Bachelor of Commerce (Marketing)• Bachelor of Commerce (Accountancy)• Bachelor of Commerce (Finance)	Faculty of Behavioral & Social Science <ul style="list-style-type: none">• Bachelor of Science in Public Health• Bachelor of Social Science in Community Development• Bachelor of Arts in Corporate Security Management
Faculty of Education <ul style="list-style-type: none">• Bachelor of Education (Humanities)	Faculty of Theology <ul style="list-style-type: none">• Bachelor of Divinity• Bachelor of Arts in Theology
Programmes Offered in partnership with Carlile College in Kenya <ul style="list-style-type: none">• 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 admissions@lamau.edu.mw or info@lamau.edu.mw OR WhatsApp to 0999 587 115 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: