



LAKE MALAWI ANGLICAN UNIVERSITY

P.O. Box 30606

Lilongwe 3

Email: info@lamau.edu.mw



STUDENT REGISTRATION FORM

A. STUDENT INFORMATION

Surname: **Firstname:**

Other Name(s): **Gender:** Male Female **Date of Birth:**/...../.....

Phone Number(s): **Email:**

Contact Address:

Physical Address:

Next of Kin/Guardian Name:

Next of Kin/Guardian Contact number: **Email:**

B. ENROLMENT DETAILS

Programme Enrolled:

Year of Entry: Year 1 Year 2 Year 3 Year 4 **Semester of Entry:** Sem 1 Sem 2

Mode of Selection: Generic Mature-Entry **Residential Status:** Residential Non-Residential

Mode of study: Regular Weekend Block Release **Year of Admission:**

Sponsorship Status: Government Parents Self-sponsored Diocese

C. DECLARATION

I certify that the information provided herein is true, complete and correct and shall help the school in processing my registration and I agree to abide by rules of the university subject to disciplinary procedure. I do not abide by rules.

DATE:...../...../..... **FULLNAME:**

SIGNATURE:

Student Registration Number: