



## UNDERGRADUATE APPLICATION FORM FOR ODEL CANDIDATES

This form should be completed in **BLOCK LETTERS** and returned together with the required attachments to the **Head of ODeL, University of Malawi**,  
**P.O. Box 280, Zomba, Malawi.**

**INCOMPLETE APPLICATIONS SHALL NOT BE PROCESSED!**

Attach your  
passport size  
photo here

### A. PERSONAL DETAILS

1. Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Initials: \_\_\_\_\_
2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M ☐ F ☐ Nationality: \_\_\_\_\_  
Home District: \_\_\_\_\_ T/A: \_\_\_\_\_ Village: \_\_\_\_\_
3. Contact Address: \_\_\_\_\_  
\_\_\_\_\_  
Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_
4. Next of Kin – Address: \_\_\_\_\_  
Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### B. CHOICE OF PROGRAMMES (Choose three (3) programmes by writing programme names and codes in spaces provided)

1 <sup>st</sup> Choice		Code	
2 <sup>nd</sup> Choice		Code	
3 <sup>rd</sup> Choice		Code	

### C. QUALIFICATIONS RECORD

#### i. High/Secondary school (Fill in the gaps below with the relevant information)

1 <sup>st</sup> Attempt Grades		2 <sup>nd</sup> Attempt Grades		3 <sup>rd</sup> Attempt Grades	
Year:		Year:		Year:	
Qualification:		Qualification:		Qualification:	
Centre name:		Centre name:		Centre name:	
Centre #:		Centre #:		Centre #:	
Candidate #:		Candidate #:		Candidate #:	
Subject (Highest to Lowest)	Grade	Subject (Highest to Lowest)	Grade	Subject (Highest to Lowest)	Grade
1.		1.		1.	
2.		2.		2.	
3.		3.		3.	
4.		4.		4.	
5.		5.		5.	
6.		6.		6.	
7.		7.		7.	
8.		8.		8.	

**ii. Have you ever been registered as a student of the University of Malawi before or any other comparable institution elsewhere?**

If yes, when: \_\_\_\_\_ Programme: \_\_\_\_\_ Institution: \_\_\_\_\_

Reason for leaving your previous institution: \_\_\_\_\_

**D. CANDIDATES WITH SPECIAL NEEDS**

State any physical impairment you have and any special assistance/facilities that you require: \_\_\_\_\_

**E. APPLICATION FEE**

All applicants are **STRICTLY** required to **DEPOSIT** a non-refundable application fee of **K25, 000.00** for Malawians and **US\$35.00** for international applicants to the following bank account:

	NATIONAL BANK OF MALAWI
Account Name	Chanco Sundry Income
Account Number	282553
Branch	Zomba Branch
Swift Code	NBMAMWMW
Sort Code/Branch Code	006

**Note:** A copy of the deposit slip **bearing the name of the applicant** should be attached to the application form.

**F. SUBMISSION OF APPLICATION FORM**

A duly completed application form together with a bank deposit slip showing the name of the candidate and any other relevant attachments **should be sent to the address given below** and not to any constituent/affiliate College of the University of Malawi.

Head of ODeL
University of Malawi
P.O. Box 280
Zomba

Or send the scanned copies to:  
odel@unima.ac.mw

**THE CLOSING DATE FOR RECEIVING APPLICATIONS  
IS THURSDAY, 31<sup>ST</sup> JULY, 2025**

**G. CHECKLIST**

ITEM	
I confirm that I have duly completed all the relevant sections of this application form and attached the following supporting documents:	<input checked="" type="checkbox"/>
1. Copies of all my relevant degrees/diplomas/certificates/academic transcripts duly certified by a commissioner of oaths	
2. Original proof of availability of funds to finance my training i.e. official sponsorship letter or applicants bank statement(s)	
3. Copy of a bank deposit slip showing the name of the applicant and proof of payment of an appropriate application fee.	
4. Curriculum vitae (CV) with names and contact details of three traceable referees.	
5. A clear specification of a programme applied for as well as the candidate's preferred mode of its delivery	
6. Official reference letter(s) from the current and/or previous employer(s) showing proof of at least 2 years work experience.	

**H. DECLARATION**

I \_\_\_\_\_ hereby  
certify that all the information given on this form is true.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED!**