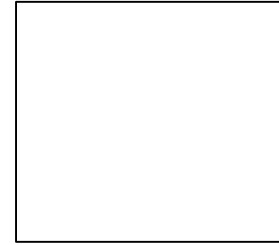




**Malawi Adventist University
Lakeview College Campus
Application Form**



Please, submit the following together with a completed form:

1. Photocopy of senior secondary certificates and/or university diploma.
2. Two passport size photos (attach one to the form).
3. Applicant Evaluation /Recommendation forms in sealed envelopes.
4. Application fees (non-refundable) Nationals K9, 000: Foreigners \$30.00.

Provide the following information in block capital letters:

1. Full names (*surname first*) _____
2. Birth: date ____ month _____ year ____ (tick male female)
3. Permanent address: _____
4. Current address: _____
5. Tele-fax number(s): Office: _____ Home: _____
6. Nationality: _____
7. Foreigner: Passport No.: _____ Issued at: _____ Expiry date: _____ **8.**
Who shall be responsible for your fees and upkeep? _____
Relationship: _____ Occupation: _____
Address: _____
Phone number(s): Office: _____ Home: _____
9. Religious affiliation:
Adventist Membership at (*address*): _____
Other: Indicate denomination: _____
10. Educational qualification:

Names of <i>senior</i> secondary school and College/University attended	Years	Credential obtained

11. Work Experience: if you have held or are holding a job, give details about your employment and position:

12. What programme are you applying for? (tick in the column below)

Programme	Major Concentration	
Bachelor of Arts (BA)	Theology (BA-Th).....	<input type="checkbox"/>
	Religion (BA-Rel).....	<input type="checkbox"/>
Bachelor of Business Administration (BBA)	Financial Accounting.....	<input type="checkbox"/>
	Business Management.....	<input type="checkbox"/>
	Marketing.....	<input type="checkbox"/>
Bachelor of Education (B Ed) (secondary) Education.....	Business	<input type="checkbox"/>
	English.....	<input type="checkbox"/>
	Biblical studies.....	<input type="checkbox"/>
	Agriculture	<input type="checkbox"/>
Bachelor of Science (B Sc)	Agri-Business.....	<input type="checkbox"/>

13. Health and Lifestyles assessment: (tick) the impression you have of your own health and lifestyle:

<i>Do you</i>	<i>Seldom</i>	<i>Often</i>	<i>Never</i>
Smoke?.....	<input type="checkbox"/>		
Take illicit drugs (hemp, cocaine etc)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take alcoholic drinks?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Like having intimate girl/boy friends?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
View yourself as very short tempered?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Like physical exercises?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use other people's property without their permission?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take drugs for epilepsy, asthma or other chronic disease?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relate well with people from a different background?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Like Adventist lifestyle?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. What motivates you to seek admission to a Seventh-day Adventist educational institution?

15. Accommodation and Food Services: Currently, we have accommodation for single students and serve vegetarian diet *No* *only*. Would like to be considered for the accommodation and eat vegetarian *Yes* *meals*?

16. Applicant's Declaration: I (*write your names in full*) _____ hereby do solemnly declare that, the information I have submitted is, to the best of my knowledge, true and substantially correct: I shall, at all times, uphold the Christian principles the University espouses and comply with the rules and regulations. I shall respect and cooperate with the University authorities and fellow students.
Signed: _____ *Date:* _____

17. Sponsor's Declaration: I/We, (*write your or organization's names in full*) _____ hereby do solemnly declare that I/we shall be responsible for the fees and/or upkeep of (*write names of the learner in full*) _____ and pay the fees on or before the opening day of each semester, and that in the event that I/we fail to pay the fees and fines when it is necessary to do so. We shall accept responsibility for the removal of the student from the University. *Signed:* _____ *Date:* _____

18. Quickly return the completed form together with a photocopy of your senior secondary school certificate or University diploma, two passport size photos and a non-refundable application fee of **K8000.00 (Nationals)** and **\$30.00 (Foreigners)** to the **Registrar of Admissions and Records, Malawi Adventist University, P. O. Box 148, Ntcheu, Malawi**. For security send using registered mail service.

Please note: For the degree programmes, you need to have obtained a pass with credit in **English** plus passes with credit in at least **four** other subjects (**five subjects in total**) (a pass with credit in **Mathematics** for **BBA**; for **BSc Agriculture and Agribusiness**, you need passes-with-credit in **Mathematics** and **any three** Science Subjects, i.e. **Agriculture, Chemistry, Biology, Geography** or **Home economics**).

TO THE APPLICANT:

Please fill your name and address and give one form to your Pastor or Church elder and another to your Headmaster. This must be a person who knows you well not related to you.

Applicant _____ Date _____
Surname First Middle

Home Address _____
Street and Number / P.O Box City Country

NOTE TO THE RESPONDENT:

Malawi Adventist University is a Seventh-day Adventist Institution of higher learning where priority is given to maintain an educational campus environment favourable for the spiritual, intellectual, social and physical development of students.

Please rate the applicant in the following areas:

INFLUENCE	Positive	<input type="text"/>	Passive	<input type="text"/>	Negative	<input type="text"/>
HONESTY	Excellent	<input type="text"/>	Good	<input type="text"/>	Not trustworthy	<input type="text"/>
RELIABILITY	Always Dependable	<input type="text"/>	Needs occasional Supervision	<input type="text"/>	Changeable	<input type="text"/>
COOPERATION	Consistent	<input type="text"/>	Changeable	<input type="text"/>	Troublesome	<input type="text"/>
EMOTIONAL MATURITY	Excellent Self control	<input type="text"/>	Consistent	<input type="text"/>	Get upset easily	<input type="text"/>
CHURCH ATTENDANCE	Regular	<input type="text"/>	Occasional	<input type="text"/>	Seldom	<input type="text"/>
CHURCH INVOLVEMENT	Very active	<input type="text"/>	Active	<input type="text"/>	Not Active	<input type="text"/>

Please comment below if applicant has used liquor, tobacco, or illegal drugs, or been under arrest or school discipline.

Recommendation (**Please check one**):

I recommend acceptance without reservation.

I cannot recommend acceptance at this time:

I would prefer talking to you personally about this applicant:

Telephone number: _____

Date: _____ **Print name:** _____ **Position:** _____

Name of School or Business: _____