



## ShareWORLD OPEN UNIVERSITY

### Student Application Form

Complete this application form with a non-refundable fee of .....to be deposited in one of the University's bank Accounts

#### PERSONAL DETAILS

Surname.....First name ..... Other names.....

Gender: Male  Female  Date of birth.....

Nationality ..... ID No (national/passport/license) .....

Postal-Address.....

.....

Home District.....

.....

Mobile..... Other.....

Email.....

#### PROGRAM OF STUDY

Mode of Entry  Normal  Mature

Mode of study  Block release  Full Time

Preferred Campus:

Lilongwe  Blantyre  Mzuzu  Chipata

**NOTE:** Please make sure you have filled the form and checked all the necessary fields before submitting

Please tick the appropriate program of choice

UNDERGRADUATE PROGRAM	Please indicate your priority		
	First choice	Second choice	Third Choice
Business and Finance			
Business Administration			
Human Resource Development and Management			
Disaster Preparedness & Sustainable Development			
Managing Rural and Community Development			
Permaculture & Rural Community Development			
Mass Communications			
Public Health Sciences			
POST GRADUATE MASTERS PROGRAMS			
Business Administration			
Good Governance			
Finance and Investments			
Human Resource Management and Development			
Diplomacy & International Relations			
Mass Communication			
Managing & Rural Community Development			
Public Health ( Generic)			
Public Health( Health Promotion )			
Public Health( Health Service Research)			
Public Health (Health Service Management )			

Please list down all academic qualifications relevant to your application

	Course / Award	School/ Institutions/College/University	Country	Year started	Year Ended
1					
2					
3					

**NOTE:** Please make sure you have filled the form and checked all the necessary fields before submitting

**Employment Record** (Where applicable)

Name of Employer( start with most recent)	Position	From	To

**Fees Sponsorship Information** (Please tick Appropriate)

- Self
- Scholarship/ bursary
- Guardian
- Employer

Sponsorship details:

Name of sponsor/parent/Organisation/Company ..... Surname  
 ..... First name.....

Relationship .....

Address.....  
 .....  
 .....

Mobile.....

Email.....

.....  
 Parent/ Legal Guardian/Organisation representative signature

**NOTE:** Please make sure you have filled the form and checked all the necessary fields before submitting

**FAMILY HEALTH CONTACT**

Date .....

Name of Doctor/physician.....

Clinic.....

Address..... Mobile

.....

Tel.....

**HOW DID YOU KNOW ABOUT US ( TICK ✓ )**

- Alumni     Relative     Returning Student     Flyer
- Website     Social media     Search Engine     Newspaper
- Radio/ TV     Internet     community mobile     vehicle advert

**ENROLMENT PROCEDURE**

1. Complete the Application Form and send it with
  - a. Certified copies of relevant certificates
  - b. 2 passport size photos
  - c. The Non-refundable application processing fee of MK13,500 to be deposited into **ShareWORLD Open University, National Bank of Malawi, Gate-way Mall Branch Account number: 1009842604**

**2. FEES**

Fees are strictly payable as stipulated and advised in the Letters of Acceptance/Enrolment. The **NO FEES NO SCHOOL** policy is the standing policy that ensures the sustainability of the University. **FEES ONCE PAID IS NOT REFUNDABLE** for courses that are in progress. Any outstanding fees at the date of the last installment will attract a bank rate monthly surcharge. At the end of the semester, defaulters will face legal action **WITHOUT FURTHER RECOURSE.**

**3. OBLIGATIONS**

ShareWORLD Open University accepts no liability for failure or inability in providing its services of any kind of failure or delay in performance arising out of or due to causes beyond its control. Such cases either include but are not limited to power failure, strikes, partial delays, etc. ShareWORLD reserves the right in every case, at its discretion for any reason to make alterations to its programmes, policy and tuition and all administrative, academic and other functions relating to its operations without notice being given.

ShareWORLD is the sole arbiter in all matters relating to defining or interpreting of any information maintained in any of its literature and any other materials the University may issue from time to time.

**NOTE:** Please make sure you have filled the form and checked all the necessary fields before submitting

**DECLARATION**

- ☐ I declare that the above information is correct to the best of my knowledge. I understand if at any time the information I provided about my educational qualifications and job experience is incorrect or misrepresented, the university has the right to expel me from the program at any time. I further understand that if my application is rejected the application fee is not refundable.
- ☐ I understand that documents submitted support of this application becomes property of the University and will not be returned to me.

Applicants Signature: .....

Date.....

**FOR OFFICIAL USE**

**REGISTRY**

Student aptitude test taken at.....Date.....

Interviewed (Date) .....Leader of Academic assessment Committee.....

Course Duration (Please specify commencement and finish date).....

Course Code .....Feed Paid.....Processing Fee .....Receipt.....Aptitude test.....Receipt.....

Evaluation & Assessment ..... Receipt .....

Mature Entry .....Receipt .....

Date form Received.....By.....

**FOR FINANCE USE ONLY**

Verification of Fees Received..... (TICK ✓) YES  NO

Mode of Payment Cheque  Bank Deposit  Cash

Amount.....

Date Verified.....By.....Date.....

**Contact details**

0993723578 Lilongwe

0888188303 Blantyre

0999262467 Mzuzu

E-mail: [registrar@souma.ac.mw](mailto:registrar@souma.ac.mw)/ [info@souma.ac.mw](mailto:info@souma.ac.mw)

**NOTE:** Please make sure you have filled the form and checked all the necessary fields before submitting