



**ODL APPLICATION FORM FOR BRIDGING COURSE FOR 2023/2024  
ACADEMIC YEAR**

This form should be completed in **BLOCK LETTERS** and returned together with the required attachments **University Registrar, Lilongwe University of Agriculture and Natural Resources, Natural Resources College, P.O. Box 219, Lilongwe, Malawi Central Africa**

Attach your  
passport size photo  
here

### A. PERSONAL DETAILS

- Title:** \_\_\_\_\_ **Surname:** \_\_\_\_\_ **First Name:** \_\_\_\_\_
- Middle Names:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_
- Date of Birth:** DD / MM / YYYY **Gender:** M F
- Nationality:** \_\_\_\_\_ **Country of Residence:** \_\_\_\_\_  
**Physical address/Current place of residence:** \_\_\_\_\_
- District of origin:** \_\_\_\_\_ **T/A:** \_\_\_\_\_ **Village:** \_\_\_\_\_
- National ID Number:** \_\_\_\_\_ **Place of issue:** \_\_\_\_\_ **Date of issue:** DD/MM/YYYY **Expiry Date:** DD/MM/YYYY

### B. PERSONAL CONTACT DETAILS

<b>Mobile 1:</b>	<b>Mobile 2:</b>
<b>Tel 1:</b>	<b>Tel 2:</b>
<b>Email 1:</b>	<b>Email 2:</b>
<b>Postal address 1:</b>	<b>Postal address 2:</b>

### C. NEXT OF KIN

- Title:** \_\_\_\_\_ **Surname:** \_\_\_\_\_ **Initials:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_
- Occupation:** \_\_\_\_\_ **Organisation:** \_\_\_\_\_
- Next of Kin contact details:**

<b>Mobile 1:</b>	<b>Mobile 2:</b>
<b>Tel 1:</b>	<b>Tel 2:</b>
<b>Email 1:</b>	<b>Email 2:</b>
<b>Postal address 1:</b>	<b>Postal address 2:</b>

### D. CANDIDATES WITH SPECIAL NEEDS

The University encourages you to disclose any disability/medical condition which could disadvantage your ability to study. All offers are made on academic grounds only and the information you submit will be used to help LUANAR provide appropriate support. Please tick all that apply.

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| 1. Learning Difficulty              | 6. Blind/Serious Visual Impairment   |
| 2. Deaf/Serious                     | 7. Wheelchair User/Mobility Issues   |
| 3. Hearing Impairment               | 8. Mental Health Condition           |
| 4. Personal Care Support            | 9. Autistic Spectrum/Asperger's      |
| 5. Unseen Disability: e.g. Diabetes | 10. Other disability not listed here |

Please detail other disability or additional support needs: \_\_\_\_\_

\_\_\_\_\_

**E. PROGRAMME**

**INDICATE THE ROUTE YOU WANT TO TAKE WHEN YOU COMPLETE BRIDGING COURSE**

*(Tick where necessary.)*

Degree Programme	
Diploma Programme	

**F. SECONDARY/HIGH SCHOOL RECORD** *(Fill in the gaps below with the relevant information)*

Strictly attach original academic transcript(s) and copy(s) of certificate(s)/statement of result(s) duly certified by a recognized commissioner of oaths.

**i. MSCE/O-Level or equivalent qualification(s)**

1 <sup>st</sup> Attempt Grades		2 <sup>nd</sup> Attempt Grades		3 <sup>rd</sup> Attempt Grades	
<b>Year:</b>		<b>Year:</b>		<b>Year:</b>	
<b>Qualification:</b>		<b>Qualification:</b>		<b>Qualification:</b>	
<b>Certificate #:</b>		<b>Certificate #:</b>		<b>Certificate #:</b>	
<b>Centre/School Name:</b>		<b>Centre/School Name:</b>		<b>Centre/School Name:</b>	
<b>Centre #:</b>		<b>Centre #:</b>		<b>Centre #:</b>	
<b>Candidate #:</b>		<b>Candidate #:</b>		<b>Candidate #:</b>	
<b>From:</b>	<b>To:</b>	<b>From:</b>	<b>To:</b>	<b>From:</b>	<b>To:</b>
<b>Country:</b>		<b>Country:</b>		<b>Country:</b>	
<b>Subject (Highest to Lowest)</b>	<b>Grade</b>	<b>Subject (Highest to Lowest)</b>	<b>Grade</b>	<b>Subject (Highest to Lowest)</b>	<b>Grade</b>
1.		1.		1.	
2.		2.		2.	
3.		3.		3.	
4.		4.		4.	
5.		5.		5.	
6.		6.		6.	
7.		7.		7.	
8.		8.		8.	
9.		9.		9.	
10.		10.		10.	

**G. APPLICATION FEE**

All applicants are STRICTLY required to DEPOSIT a non-refundable application fee of K10,000.00 for Malawians and U\$30.00 for international applicants to the following LUANAR ODL FEES bank account:

DETAILS	NATIONAL BANK OF MALAWI
<b>Account Name</b>	LUANAR ODL
<b>Account Type</b>	Current
<b>Account Number</b>	1002868683
<b>Service Centre</b>	Lilongwe Gateway
<b>Swift Code</b>	NBMAMWMW

**H. 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:

<b>The University Registrar</b>
<b>LUANAR</b>
<b>P.O. Box 219</b>
<b>Lilongwe</b>
<b>Attention: ODL Admissions</b>
<b>Subject: ODL Bridging programme Admissions – 2023/2024</b>

**THE CLOSING DATE FOR RECEIVING APPLICATIONS IS FRIDAY 9<sup>TH</sup> JUNE 2023**

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

## I. CHECKLIST

I confirm that I have duly completed all the relevant sections of this application form and attached the following supporting documents:

1. Copies of all relevant certificates which are being used for the application. These must be duly certified by a Commissioner of Oaths as true copies of the originals.	
2. Source of funding, i.e. official scholarship award/sponsorship letter.	
3. Proof of payment of an appropriate application fee bearing my name and the amount of application fee paid.	

## J. DECLARATION

I \_\_\_\_\_ hereby certify that all the information given on this form is true and further recognize that my application will not be processed if it is incomplete.

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

Date: \_\_\_\_\_ DD MM

**INCOMPLETE APPLICATIONS SHALL NOT BE PROCESSED**

**SUBMISSION DEADLINE IS 9<sup>TH</sup> JUNE 2023**

**END OF APPLICATION FORM**

## SPECIFIC ENTRY REQUIREMENT

<b>PROGRAMME</b>	<b>Location</b>	<b>Mode of Delivery</b>	<b>ENTRY QUALIFICATIONS</b>
Bridging Basic Sciences Course	NRC	ODeL	MSCE Certificate or its equivalent with at least four credits plus a pass (7-8) in any of the following subjects English, Biology, Chemistry, Mathematics, Physics and Physical Sciences.