



UGMEB-2024/2025 CTC UNDERGRADUATE APPLICATION FORM FOR MATURE ENTRY CANDIDATES

This form should be completed in **BLOCK LETTERS** and returned together with the required attachments to the **University Registrar, Lilongwe University of Agriculture and Natural Resources (LUANAR), P.O. Box 219, Lilongwe, Malawi**
INCOMPLETE APPLICATIONS SHALL NOT BE PROCESSED!

Attach your
passport size photo
here

A. PERSONAL DETAILS

1. **Title:** _____ **Surname:** _____ **First Name:** _____
2. **Middle Names:** _____ **Marital Status:** _____ **Maiden Name:** _____
3. **Date of Birth:** DD / MM / YYYY **Gender:** M F
4. **Nationality:** _____ **Country of Residence:** _____
- Physical address/Current place of residence:** _____
5. **District of origin:** _____ **T/A:** _____ **Village:** _____
6. **Passport Number:** _____ **Place of issue:** _____ **Date of issue:** DD/MM/YYYY **Expiry Date:** DD/MM/YYYY

B. PERSONAL CONTACT DETAILS

Mobile 1:	Mobile 2:
Tel 1:	Tel 2:
Email 1:	Email 2:
Postal address 1:	Postal address 2:

C. NEXT OF KIN

7. **Title:** _____ **Surname:** _____ **Initials:** _____ **Relationship:** _____
8. **Occupation:** _____ **Organisation:** _____
9. **Next of Kin contact details:**

Mobile 1:	Mobile 2:
Tel 1:	Tel 2:
Email 1:	Email 2:
Postal address 1:	Postal address 2:

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. <input type="checkbox"/> No Disability | 7. <input type="checkbox"/> Blind/Serious Visual Impairment |
| 2. <input type="checkbox"/> Learning Difficulty | 8. <input type="checkbox"/> Wheelchair User/Mobility Issues |
| 3. <input type="checkbox"/> Deaf/Serious | 9. <input type="checkbox"/> Mental Health Condition |
| 4. <input type="checkbox"/> Hearing Impairment | 10. <input type="checkbox"/> Autistic Spectrum/Asperger's |
| 5. <input type="checkbox"/> Personal Care Support | 11. <input type="checkbox"/> Other disability not listed here |
| 6. <input type="checkbox"/> Unseen Disability: e.g. Diabetes | |

Please detail other disability or additional support needs: _____

E. PROGRAMME APPLIED FOR (Use the abbreviated codes provided under **Section O(ii)** of this application form.)

First choice	Programme Name			
	Programme code		Campus	
Second choice	Programme Name			
	Programme code		Campus	
Third choice	Programme Name			
	Programme code		Campus	

F. REDIRECTION

If I am not selected to any of my preferred programmes, I am willing to be redirected to similar programmes offered at City Campus. **Yes** **No**

G. 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 st Attempt Grades		2 nd Attempt Grades		3 rd Attempt Grades	
Year:		Year:		Year:	
Qualification:		Qualification:		Qualification:	
Certificate #:		Certificate #:		Certificate #:	
Centre/School Name:		Centre/School Name:		Centre/School Name:	
Centre #:		Centre #:		Centre #:	
Candidate #:		Candidate #:		Candidate #:	
From:	To:	From:	To:	From:	To:
Country:		Country:		Country:	
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.	
9.		9.		9.	
10.		10.		10.	

ii. A-Level or equivalent qualification(s)

1 st Attempt Grades		2 nd Attempt Grades		3 rd Attempt Grades	
Year:		Year:		Year:	
Qualification:		Qualification:		Qualification:	
Certificate #:		Certificate #:		Certificate #:	
Centre/School Name:		Centre/School Name:		Centre/School Name:	
Centre #:		Centre #:		Centre #:	
Candidate #:		Candidate #:		Candidate #:	
From: To:		From: To:		From: To:	
Country:		Country:		Country:	
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.	

H. POST HIGH/SECONDARY SCHOOL RECORD

Please list all qualifications in chronological order with the most recent first. Provide original and sealed copies of transcripts and certified copies of certificates. **Note:** Printouts from self-service/web portal systems will not be accepted. The documentation being submitted must be formally issued by the awarding institution/exam body.

International students must submit documentation both in the original language and as an officially endorsed English language translation.

Qualification 1

Institution:		Country:
Institution Postal Address:		Years attended
Qualification awarded:		From: _____ to: _____
		GPA/Overall Grade:

Qualification 2

Institution:		Country:
Institution Postal Address:		Years attended
Qualification awarded:		From: _____ to: _____
		GPA/Overall Grade:

Qualification 3

Institution:		Country:
Institution Postal Address:		Years attended
Qualification awarded:		From: _____ to: _____
		GPA/Overall Grade:

I. EMPLOYMENT RECORD (attach a reference letter from each employer given below)

Please fill in the spaces below in chronological order with the most recent first. Attach official reference letter(s) showing proof of at least two years' post-diploma relevant work experience.

Employment 1

Name of Employer	Country	Position/Post Held	Dates (MM/YYYY)	
			From	To
Postal address:				
Email:		Tel:		

Employment 2

Name of Employer	Country	Position/Post Held	Dates (MM/YYYY)	
			From	To
Postal address:				
Email:		Tel:		

Employment 3

Name of Employer	Country	Position/Post Held	Dates (MM/YYYY)	
			From	To
Postal address:				
Email:		Tel:		

J. REFEREES

Details	Referee 1	Referee 2	Referee 3
Name:			
Occupation:			
Email:			
Mobile:			
Postal address:			

K. 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 OFF CAMPUS bank account:

DETAILS	NATIONAL BANK OF MALAWI
Account Name	LUANAR Off Campus
Account Type	Current
Account Number	1001595691
Service Centre	Lilongwe
Swift Code	NBMAMWMW

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

L. 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 University Registrar
LUANAR
P.O. Box 219
Lilongwe
Attention: Academic Office - CTC
Subject: CTC Undergraduate Admissions – 2024/2025

THE CLOSING DATE FOR RECEIVING APPLICATIONS IS 30TH MARCH 2024

M. 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 and academic transcripts 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.	
4. Proof of English Language proficiency for international candidates whose first language is not English.	

N. 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 YYYY

INCOMPLETE APPLICATIONS SHALL NOT BE PROCESSED

SUBMISSION DEADLINE IS 30TH MARCH 2024

END OF APPLICATION FORM!

O. PROGRAMME INFORMATION AND ENTRY REQUIREMENTS**I. Minimum entry requirements**

All candidate must at least have an MSCE certificate/equivalent O-Level qualifications, **OR** 3 passes with at least grade '**C**' in **Biology, Mathematics and Chemistry & Physics** at A-Level or any comparable qualification **AND** a **relevant** diploma (that covered basic science courses) obtained from an **accredited** institution of higher learning.

II. Specific entry requirements

In addition to the above general requirements, candidates must also meet the individual programme requirements specified below:

Programme		Location	Type of Entry	Year of Entry	Mode of Delivery	Specific Entry Requirements
Name	Code					
• Bachelor of Business Studies	BABS	City Campus	Mature	2	Full-time	MSCE or IGCSE 'O' level or its equivalent with at least four (4) credit passes including English and Mathematics . Alternatively, at least three passes with grade 'C' including Mathematics at A-Level or any comparable qualification and a relevant Diploma obtained from an accredited institution of higher learning.
• Bachelor of Development Economics	BADEC	City Campus	Mature	2	Full-time	MSCE and a Diploma in economic development related fields such as Business Studies, Extension, Rural Development, Gender and Development
• Bachelor of Arts in Social Work and Youth Development	BSWYD	City Campus	Mature	2	Full-time	MSCE and a Diploma in Community Development, Social Work , or any other equivalent qualification in Youth and Social Work
• Bachelor of Science in Agricultural Economics	BAAE	City Campus	Mature	2	Full-time	MSCE certificate/equivalent O-Level qualifications OR 3 passes with at least grade ' C ' in Biology, Mathematics and Chemistry & Physics at A-Level or any comparable qualification AND a relevant diploma (which also covered basic science courses) obtained from an accredited institution of higher learning.
• Bachelor of Science in Agribusiness Management	BABM	City Campus	Mature	2	Full-time	MSCE certificate/equivalent O-Level qualifications OR 3 passes with at least grade ' C ' in Biology, Mathematics and Chemistry & Physics at A-Level or any comparable qualification AND a relevant diploma (which also covered basic science courses) obtained from an accredited institution of higher learning.
• Bachelor of Science in Agricultural Extension	BEXT	City Campus	Mature	2	Full-time	MSCE certificate/equivalent O-Level qualifications OR 3 passes with at least grade ' C ' in Biology, Mathematics and Chemistry & Physics at A-Level or any comparable qualification AND a relevant diploma (which also covered basic science courses) obtained from an accredited institution of higher learning.
• Bachelor of Science in Gender and Development	BGED	City Campus	Mature	2	Full-time	MSCE certificate/equivalent O-Level qualifications OR 3 passes with at least grade ' C ' in Biology, Mathematics and Chemistry at A-Level or any comparable qualification AND a relevant diploma (which also covered basic science courses) obtained from an accredited institution of higher learning.
• Bachelor of Education Sciences	BEDS	City Campus	Mature	2	Full-time	MSCE certificate/equivalent O-Level qualifications OR 3 passes with at least grade ' C ' in Biology, Mathematics and Chemistry & Physics at A-Level or any comparable qualification AND a relevant diploma (which also covered basic science courses) obtained from an accredited institution of higher learning.