



**CCEPD APPLICATION FORM FOR SHORT-TERM COURSES FOR
2023/2024 ACADEMIC YEAR**

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

Attach your
passport size
photo here

SECTION 1 (To be completed by all applicants)

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. **National ID Number:** _____ **Place of issue:** _____ **Date of issue:** DD/MM/YYYY **Expiry Date:** DD/MM/YYYY
7. **Highest qualification:** _____

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

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

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

D. SHORT-TERM COURSE

Please state your chosen course: _____

Please tick your preferred mode of learning: Face-to-face ODeL Blended (*face-to-face and online*)

E. 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
3. Hearing Impairment
4. Personal Care Support
5. Unseen Disability: e.g. Diabetes

7. Wheelchair User/Mobility Issues
8. Mental Health Condition
9. Autistic Spectrum/Asperger's
10. Other disability not listed here

Please detail other disability or additional support needs: _____

SECTION 2 (To be completed by applicants for Bridging Course only)

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 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.	

SECTION 3 (for all applicants)

G. APPLICATION FEE

All applicants for **Bridging Course** and **Certificate in Land Administration** 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 CCEPD bank account:

DETAILS	NATIONAL BANK OF MALAWI
Account Name	LUANAR CCEPD
Account Type	Current
Account Number	1010943473
Service Centre	Lilongwe Gateway
Swift Code	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:

The Director of Center
LUANAR
P.O. Box 219
Lilongwe
Attention: CCEPD
Subject: SHORT-TERM COURSES –
2023/2024

THE CLOSING DATE FOR RECEIVING APPLICATIONS IS FRIDAY 14TH JUNE 2024

Note: A copy of the deposit slip for application fee bearing the name of the applicant (for **Bridging Course** and **Certificate in Land Administration**) 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, (for example, official scholarship award/sponsorship letter).	
3. Proof of payment of an appropriate application fee bearing my name and the amount of application fee paid for Bridging course and Certificate in Land Administration applicants.	

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 14TH JUNE 2024

END OF APPLICATION FORM