

Completed forms should be returned to:

**2019/2020 Admissions:  
February 2020 Intake**

The University Registrar  
Daeyang University  
P.O. Box 30330  
CAPITAL CITY, Lilongwe, Malawi



**FOR OFFICIAL USE ONLY**

**PROGRAMME CODE:** .....

**APPLICATION NO.** : .....

**RECEIPT NO.** : .....

**ADMISSION APPLICATION FORM: 2019/2020 ACADEMIC YEAR, FEBRUARY INTAKE**

Instructions: Fill in the required information in **BLOCK LETTERS** or tick where appropriate

For **applicants with special needs**, state in this box any form of disability you have and any special assistance/facilities that you need:.....

**A. APPLICANT'S PERSONAL DETAILS**

SURNAME:..... FIRST NAME..... INITIALS.....

SEX: MALE ☐ FEMALE ☐ DATE OF BIRTH.....

NATIONALITY..... HOME DISTRICT .....

TRADITIONAL AUTHORITY.....VILLAGE.....

CONTACT ADDRESS .....

Mobile Telephone .....Other Number.....E-mail .....

RELIGION.....DENOMINATION..... **(religion will not to be used as a criterion for admission)**

**B. ACADEMIC DETAILS** (arrange the subjects in order of merit from highest to lowest grades/points)

Qualifications eg: MSCE/IGSCE etc.	Centre Number	Examination Number	Subject	Grades/ Points	Year

Qualifications comparable to IGCSE "O" level shall be interpreted as follows for purposes of admission:

A\* = 1; A = 2; B = 3; C = 5; D = 7; EFG = 8.

**Other qualifications** (for candidates applying for upgrading programmes)

Degree, Diploma, Certificate etc	Examining Body	Examination Centre	Year	No. of years of work experience

**C. SELECTION OF PROGRAMMES OF STUDY:**

Please indicate the programme(s) of choice in order of priority, by inserting the serial number(S/N) of the programme(s) into the appropriate boxes as follows:

**1st Choice** ☐ **2nd Choice** ☐ **3rd Choice** ☐ **Bridging programme** ☐

1	Bachelor of Science in Information and Communication Technology
2	Bachelor of Science in Information and Communication Technology- Upgrading & Weekend
3	Diploma in Information and Communication Technology
4	Bridging Programme (Entry Route into Diploma/Degree in ICT Programme)

**E. FINANCIAL SUPPORT** (to be filled by responsible person for fees payment)

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**F. PAYMENT OF ADMISSION APPLICATION FEE**

The application fee should be paid by depositing the amount of **K15,000** into the following bank account:

Name of the Bank : NBS Bank  
Account Name : Daeyang University  
Account Number : 14369667  
Branch : Capital City Branch  
Swift code (for international transfers): NBSTMWMW

**G. FEES**

Tuition fees	:	<b>K480,000</b> per Semester
Administrative & registration fee	:	<b>K60,000</b> per Academic Year
Students' Council fee	:	<b>K5,000</b> per Academic Year
Medical fee	:	<b>K21,600</b> per calendar year
Accommodation	:	<b>K25,000</b> per month <i>note that this is non-residential programme</i>
Meals	:	<b>K45,000</b> per month for 3 meals per day. However, its optional.

The fees are subject to revision at any time. The above fees do not include costs for other requirements such as personal lap top computers, uniform during practical placements, protective wear for laboratory sessions and other programme-specific requirements. Candidates should therefore prepare for these additional costs. Detailed will be provided to the successful candidates at a later stage.

**H. CHECKLIST:** Please check that you have done the following:

- a) attached a certified copy of your MSCE certificate or its equivalent
- b) attached proof of payment of the admission application fee
- c) provided proof of ability to pay fees by attaching a letter from the sponsor or employer confirming sponsorship, or bank statements

**I. DECLARATION BY APPLICANT**

**I declare that all the information is true and correct to the best of my knowledge and belief. I have checked and provided all the information and documents required to process my application. I am aware that the University reserves the right to reject any application and or withdraw and cancel any offer of admission should all or part of the above information be found to be untrue and or incorrect, or if an offer was erroneously made. I agree that if I am accepted at the University, I shall be under the disciplinary control of the authorities and I undertake to acquaint myself with, and to conform to the rules and regulations of the University. I declare that I will be able to pay the fees provided, and as they may be revised from time to time.**

**Full names of applicant:** .....

**SIGNATURE.....DATE.....PLACE.....**

All applications should be sent by post, courier or delivered by hand to the following address:

**2019/2020 Admissions**  
University Registrar  
Daeyang University  
P.O. Box 30330  
LILONGWE 3  
**MALAWI**  
**TEL: 0994000389**  
**: 0997435073**  
**: 0997435071**  
**(for enquiries, during working hours only).**

The applications should reach the University by **22<sup>nd</sup>, November 2019.**