



Malawi Institute of Management

APPLICATION FORM UNDERGRADUATE /POSTGRADUATE PROGRAMME

(Please use Block Letters throughout and tick where necessary)

1. PERSONAL DATA

Surname: _____ Title: MR./DR/MRS/MISS

First Name: _____ -Initials: _____

Date of Birth-----

Contact Address: _____

Telephone.: _____ Mobile: _____

Email Address: _____

2. DETAILS OF NEXT OF KIN/GUARDIAN

Surname: _____ Title: MR./DR/MRS/MISS

First Name: _____ -Initials: _____

Contact Address: _____

Telephone.: _____ Mobile: _____

Email Address: _____

3. PREFERRED CAMPUS

- Lilongwe
- Blantyre

4. CURRENT EMPLOYER (Mature Entry / Post Graduate Only)

Address: _____

Telephone No.: _____ Fax: _____

Email: _____

Sponsor: _____

5. WORK HISTORY (Mature Entry / Post Graduate Only)

Position	From	To	Responsibilities

6. PROGRAMME APPLIED FOR:

- Bachelor of Business Administration (BBA)
- Bachelor of Science in Marketing (BSM)
- Bachelor of Arts in Human Resource Management (BHRM)
- Bachelor of Science in Information Communication & Technology (BICT)
- Master of Business Administration (MBA)
- Master of Science in Management Studies (MMS)
- Master of Science in Management Information Systems (MIS)

7. MODE OF STUDY

- Full Time
- Block Release....(subject to numbers)
- Week-End Classes

8. ACADEMIC QUALIFICATION (Highest Level Attained)

- Masters
- Bachelors
- Diploma
- MSCE (Specify last Secondary School attended)

- Other(specify)_____

9. MALAWI SCHOOL CERTIFICATE OF EDUCATION (MSCE)

Year Obtained	Subject	Aggregate Points

10. STATEMENT IN SUPPORT OF YOUR APPLICATION (POSTGRADUATE ONLY)

11. REFERENCE (POST GRADUATE ONLY)

Name of Referee: _____

Position and Occupation: _____

Contact Address: _____

Telephone: _____ Mobile: _____

Email Address: _____

12. FEES

50% of the fees should be paid to the Institute before commencement of the programme to secure student's place.

Return to: **The Registrar 2019 Admissions (Cohort VI)**
 Malawi Institute of Management
 P.O. Box 30801
 Lilongwe 3.
 Tel: +265999975950/54

Email: mimexecutive@mim.ac.mw; admissions@mim.ac.mw

Note: Please return the completed **hard copies** of this application form with a CV, certified copies of certificates, academic transcripts and two passport size photos and a non-refundable application fee of K10, 000.00 **MUST** be deposited to the following account:

Account Name: Malawi Institute of Management – Fees Account
Account Number: 1001622745
Bank: National Bank of Malawi
Branch: Capital City

13. DECLARATION AND SIGNATURE

I hereby declare that the information given is correct and true in all respect.

SIGNATURE: _____ **DATE:** _____