



## ODL 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, Central Africa.**

**INCOMPLETE APPLICATIONS SHALL NOT BE PROCESSED!**

Attach your  
passport size  
photo here

### A. PERSONAL DETAILS

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

### 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 the University provide appropriate support. Please tick all that apply.

- ☐ No Disability
- ☐ Learning Difficulty
- ☐ Deaf/Serious
- ☐ Hearing Impairment
- ☐ Personal Care Support
- ☐ Unseen Disability: e.g. Diabetes
- ☐ Blind/Serious Visual Impairment
- ☐ Wheelchair User/Mobility Issues
- ☐ Mental Health Condition
- ☐ Autistic Spectrum/Asperger's
- ☐ Other disability not listed here

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.)

1. <b>Programme 1:</b> Name		Code		Satellite Centre	
2. <b>Programme 2:</b> Name		Code		Satellite Centre	
3. <b>Programme 3:</b> Name		Code		Satellite Centre	

**F. REDIRECTION**

If I am not selected to any of my preferred programme, I am willing to be redirected to similar programmes offered through ODL. I understand that the alternative programmes may have different fees. (leave blank if you are not interested in redirection). ☐ **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**

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 name:</b>		<b>Centre name:</b>		<b>Centre name:</b>	
<b>Centre #:</b>		<b>Centre #:</b>		<b>Centre #:</b>	
<b>Candidate #:</b>		<b>Candidate #:</b>		<b>Candidate #:</b>	
<b>Centre/School Name:</b>		<b>Centre/School Name:</b>		<b>Centre/School Name:</b>	
<b>From: To:</b>		<b>From: To:</b>		<b>From: 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.	

**ii. A-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 name:</b>		<b>Centre name:</b>		<b>Centre name:</b>	
<b>Centre #:</b>		<b>Centre #:</b>		<b>Centre #:</b>	
<b>Candidate #:</b>		<b>Candidate #:</b>		<b>Candidate #:</b>	
<b>Centre/School Name:</b>		<b>Centre/School Name:</b>		<b>Centre/School Name:</b>	

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 copied 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

<b>Institution:</b>		<b>Country:</b>
<b>Institution Postal Address:</b>		<b>Years attended (from – to):</b>
<b>Qualification awarded:</b>		<b>GPA/Overall Grade:</b>

### Qualification 2

<b>Institution:</b>		<b>Country:</b>
<b>Institution Postal Address:</b>		<b>Years attended (from – to):</b>
<b>Qualification awarded:</b>		<b>GPA/Overall Grade:</b>

### Qualification 3

<b>Institution:</b>		<b>Country:</b>
<b>Institution Postal Address:</b>		<b>Years attended (from – to):</b>
<b>Qualification awarded:</b>		<b>GPA/Overall Grade:</b>

### Qualification 4

<b>Institution:</b>		<b>Country:</b>
<b>Institution Postal Address:</b>		<b>Years attended (from – to):</b>
<b>Qualification awarded:</b>		<b>GPA/Overall Grade:</b>

**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 2 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 ODL FEES bank account:

<b>NAME</b>	NATIONAL BANK OF MALAWI
<b>Account Name</b>	LUANAR ODL FEES
<b>Account Number</b>	1002868683
<b>Branch</b>	Lilongwe Gateway Service Center

**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:

<b>The University Registrar</b>
<b>LUANAR</b>
<b>P.O. Box 219</b>
<b>Lilongwe</b>
<b>Attention: Admissions Office</b>
<b>Subject: ODL Admissions</b>

**THE CLOSING DATE FOR RECEIVING APPLICATIONS IS SUNDAY, 10 NOVEMBER, 2019**

**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 my relevant degrees/diplomas/certificates/academic transcripts duly certified by a commissioner of oaths.**
- 2. Original proof of availability of funds to finance my training i.e. official sponsorship letter.**
- 3. Copy of a bank deposit slip bearing my name and proof of payment of an appropriate application fee.**
- 4. Curriculum vitae (CV) with names and contact details of three traceable.**
- 5. Official reference letter(s) from the current and/or previous employer(s) showing proof of at least 2 years relevant post-diploma work experience.**

**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:** \_\_\_\_\_

**INCOMPLETE APPLICATIONS SHALL NOT BE PROCESSED!**

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

All candidates must have an MSCE and a relevant diploma 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	Prog Code	Type of Entry	Year of Entry	Mode of Delivery	Specific Entry Requirements
<b>1. Bachelor of Science in Agribusiness Management</b>	BABM	Mature	2	ODL	An MSCE and a relevant diploma obtained from an accredited institution of higher learning
<b>2. Bachelor of Science in Agricultural Economics</b>	BAAE	Mature	2	ODL	
<b>3. Bachelor of Science in Agricultural Extension</b>	BEXT	Mature	2	ODL	
<b>4. Bachelor of Science in Agricultural Innovations</b>	BAGI	Mature	2	ODL	

ODL-C/OCTOBER/2019