



# ShareWORLD OPEN UNIVERSITY

## Student Application Form

Complete this application form with a non-refundable fee of .....to be deposited in one of the University's bank Accounts

### PERSONAL DETAILS

Surname.....First name .....other names.....

Gender:      Male       Female       Date of birth.....

Nationality .....

Postal  
Address.....  
.....

Mobile.....Telephone.....

Email.....

### PROGRAM OF STUDY

Mode of Entry      Normal       Mature

Mode of study      Block release       Full Time

Preferred Campus:

Lilongwe       Blantyre       Mzuzu       Chipata

Please tick the appropriate program of choice

<b>UNDERGRADUATE PROGRAM</b>	<b>Please indicate your priority</b>		
	First choice	Second choice	Third Choice
Business and Finance			
Business Administration			
Human Resource Development and Management			
Disaster Preparedness & Sustainable Development			
Managing Rural and Community Development			
Permaculture & Rural Community Development			
Mass Communications			
Public Health Sciences			
<b>POST GRADUATE MASTERS PROGRAMS</b>			
Business Administration			
Good Governance			
Finance and Investments			
Human Resource Management and Development			
Diplomacy & International Relations			
Mass Communication			
Managing & Rural Community Development			
Public Health ( Generic)			
Public Health( Health Promotion )			
Public Health( Health Service Research)			
Public Health (Health Service Management )			
<b>POST GRADUATE DOCTORAL PROGRAMS</b>			
DBA (Doctor of Business Administration)			
phD (Doctor of Philosophy): Generic			
phD (Doctor of Philosophy): By Research			

Please list down all academic qualifications relevant to your application

	Course / Award	School/ Institutions/College/University	Country	Year started	Year Ended
1					
2					
3					
4					
5					
6					

**Employment Record** (Where applicable)

Name of Employer( start with most recent)	Position	From	To

**Fees Sponsorship Information** (Please tick Appropriate)

Self

Scholarship/ bursary

Guardian

Employer

Sponsorship details:

Name of sponsor/parent/Organisation/Company .....

Surname .....First name.....

Relationship .....

Address.....

.....

Mobile.....

Email.....

.....

Parent/ Legal Guardian/Organisation representative signature

**FAMILY HEALTH CONTACT**

Date .....

Name of Doctor/physician.....

Clinic.....

Address.....

Mobile .....

Tel.....

**HOW DID YOU KNOW ABOUT US ( TICK ✓ )**

Alumni  Relative  Returning Student  Flyer

Website  Social media  Search Engine  Newspaper

Radio TV  Internet  community mobile  vehicle advert

## **ENROLMENT PROCEDURE**

- 1.** Complete the Application Form and send it with
  - a.** Certified copies of relevant certificates
  - b.** 2 passport size photos
  - c.** The Non-refundable application processing fee of MK12,000 to be deposited into **ShareWorld Open University, First Capital Bank, Lilongwe Branch Account number: 0300823005**

## **2. FEES**

Fees are strictly payable as stipulated and advised in the Letters of Acceptance/ Enrolment . The **NO FEES NO SCHOOL** policy is the standing policy that ensures the sustainability of the University. **FEES ONCE PAID IS NOT REFUNDABLE** for courses that are in progress. Any outstanding fees at the date of the last installment will attract a bank rate monthly surcharge. At the end of the semester, defaulters will face legal action **WITHOUT FURTHER RECOURSE.**

## **3. OBLIGATIONS**

ShareWORLD Open University accepts no liability for failure or inability in providing its services of any kind of failure or delay in performance arising out of or due to causes beyond its control. Such cases either include but are not limited to power failure, strikes, partial delays, etc.

ShareWORLD reserves the right in every case, at its discretion for any reason to make alterations to its programmes, policy and tuition and all administrative, academic and other functions relating to its operations without notice being given.

ShareWORLD is the sole arbiter in all matters relating to defining or interpreting of any information maintained in any of its literature and any other materials the University may issue from time to time.

**DECLARATION**

- ☐ I declare that the above information is correct to the best of my knowledge. I understand if at any time the information I provided about my educational qualifications and job experience is incorrect or misrepresented, the university has the right to expel me from the program at any time. I further understand that if my application is rejected the application fee is not refundable.
- ☐ I understand that documents submitted support of this application becomes property of the University and will not be returned to me.

Applicants Signature:.....

Date.....

**FOR OFFICIAL USE**

**REGISTRY**

Student aptitude test taken at.....Date.....

Interviewed (Date) .....Leader of Academic assessment Committee.....

Course Duration (Please specify commencement and finish date).....

Course Code .....Feed Paid.....Processing Fee .....Receipt.....Aptitude test.....Receipt.....

Evaluation & Assessment ..... Receipt .....

Mature Entry .....Receipt .....

Date form Received.....By.....

**FOR FINANCE USE ONLY**

Verification of Fees Received..... (TICK ✓ ) YES  NO.

Mode of Payment Cheque  Bank Deposit  Cash

Amount.....

Date Verified.....By.....Date.....

**Contact details**

0993723578 Lilongwe  
0888188303 Blantyre  
0999262467 Mzuzu  
E-mail: [registrar@souma.ac.mw](mailto:registrar@souma.ac.mw)/ [info@souma.ac.mw](mailto:info@souma.ac.mw)