



### UGME 2019/2020 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, Malawi  
**INCOMPLETE APPLICATIONS SHALL NOT BE PROCESSED!**

Attach your  
passport size photo  
here

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- 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

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

#### C. NEXT OF KIN

- Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Initials: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Occupation: \_\_\_\_\_ Organisation: \_\_\_\_\_
- Next of Kin contact details:

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

#### 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 LUANAR provide appropriate support. Please tick all that apply.

- |                                     |   |
|-------------------------------------|---|
| 1. No Disability                    | 7. Blind/Serious Visual Impairment                        |
| 2. Learning Difficulty              | 8. Wheelchair User/Mobility Issues                        |
| 3. Deaf/Serious                     | 9. Mental Health Condition                                |
| 4. Hearing Impairment               | 10. <input type="checkbox"/> Autistic Spectrum/Asperger's |
| 5. Personal Care Support            | 11. Other disability not listed here                      |
| 6. Unseen Disability: e.g. Diabetes |   |

Please detail other disability or additional support needs: \_\_\_\_\_  
 \_\_\_\_\_

# Application Form For 2016 Mature Entry At Unima

**Inter University Committee for East  
Africa. Sub-committee on Mature Age  
Entry**

**Application Form For 2016 Mature Entry At Unima:**

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