



PHOTO

CENTRAL CHRISTIAN UNIVERSITY

CENTRE OF COMPETENT LEARNING
Opposite National Library Service, Along Zalewa Road
P.O Box 83
BLANTYRE
MALAWI

Tel: +265-214 400 400/215 400 400/882 724 609, Web: www.ccnmw.com/ Email: ccnmw@gmail.com/info@ccnmw.com/

2023 APPLICATION FORM FOR POSTGRADUATE STUDIES

1 All applicants are required to submit this application form to: The Registrar, CENTRAL CHRISTIAN UNIVERSITY, P.O. BOX 83, BLANTYRE, MALAWI.

2 Each candidate is allowed to submit copies of academic credentials of previous education levels (bachelor's degree for master's applicants and master's degree for doctoral applicants), copy of national ID or passport and 1 passport photo.

3 All doctoral applicants have to submit filled application form with research proposal not more than 7 pages. The proposal of yours have to clarify the background of the problem, research objectives, statement of the problem and critical literature review, significance of the study, conceptual framework and references.

4 All applicants will have notification of admission or rejection of their application after evaluation of their credentials and other candidate supporting documents in 14 days after application. Admitted student will be given 1 day to pay admission fee of **MK100,000.00** for Masters and **MK150,000.00** for Doctoral Applicants. Non-refundable application fee of **MWK20,000** for Malawian nationals and **US\$55** for international applicants should be deposited into the following Bank Accounts: **NBS BANK**, The Account Name is Central Christian University: Account number: **140 305 97**: Type: Savings: BRANCH: BLANTYRE SWIFT CODE: **NBSTMWMW**

I. APPLICANT'S PERSONAL INFORMATION

First name.....

Last name.....

Present address.....

Date of birth.....

Country of birth.....

Nationality.....

Citizenship.....

Telephone No..... Email.....

Sex: male female

Marital status: single Married

II. EMPLOYMENT HISTORY

Current employer

Employed as.....

Employed from to.....

Place of employment

Contract status

Previous employer.....

Employed as

Employed from.....to.....

Place of employment.....

Other working experiences.....

.....
.....
.....
.....

III. EDUCATION HISTORY

Institution attended	Year of completion	Awarded certificate, diploma or degree
High school/University		

Are you presently engaged in further studies Yes..... No.....

If yes, describe these studies

.....

What academic or non-academic honors or distinctions have you received?

.....

Research Experience (if any)

.....

ENROLMENT INFORMATION

Masters in

PhD in.....

By Research/Thesis []

Course Work and Thesis []

NB: All programs are run in a Distance learning, Block Release and Online study mode. Please

Tick: Distance learning [] Online study [] Block Release []

IV. APPLICANTS REFEREES

1 Phone..... Email.....

2 Phone..... Email.....

3 Phone..... Email.....

DECLARATION

I certify that all provided information are true and allow the university to reject my application for any untrue information in my application.

Date...../...../.....

Applicant’s name and signature

FOR OFFICE USE ONLY

This applicant was scrutinized by:

.....

I certify that:

(a) This candidate is offering as a qualification for entry:

.....

(b) I have/have not seen documentary evidence of all relevant qualifications.

(c) I have/have not received satisfactory references in respect of this applicant.

(d) I support/do not support this application for these reasons:

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Signature: **Head of Department** **Date:**

Approved/not approved by Director of Postgraduate Studies

Signature: **Date:**

Approved/not approved by Vice Chancellor