

P.O. Box 1376
Golden Peacock Shopping Mall
City Centre, Lilongwe, Malawi

University of Hebron-UHB
@uhbuniversity
Universityofhebron



: +265 993 377 888

: info@uhb.ac.mw
: admissions@uhb.ac.mw

: www.uhb.ac.mw

APPLICATION FORM FOR UNDERGRADUATE PROGRAMME

A. STUDENTS DETAILS

Surname _____ First Name _____

Middle Name _____ Female Male

Marital Status _____ Country: _____ ZIP/CAP/Postcode: _____

Nationality: _____ District: _____ T/A: _____

Street Address: _____ Village: _____

Date of Birth: _____ Place of Birth: _____

Contact Address: _____

Phone Number: Cell _____ Home: _____ Office: _____

Email: _____

B. ACADEMIC DETAILS

Programme applied for: _____

Highest Qualification: _____

(a) Adv. Dip/ Dip/ Cert: _____

(b) Other (Please specify): _____

(b) Year Obtained: _____

Subject: _____ Grade: _____

MODE OF STUDY

Full-time

Weekend

Evening

Block-Release

Online

C. ENTRY REQUIREMENTS

All candidates should attach photocopies of their certificates or notification of results.

DO NOT SEND ORIGINAL COPIES OF YOUR CERTIFICATES

D. APPLICATION FEE

Pay a non-refundable application fee of **MK5,000.00** through UHB's accounts: **University of Hebron, Standard Bank, Account No. 9100005838468**, City Centre Branch. or **National Bank, Acc No. 0001006269687**, City Centre Branch.

E. STUDENT DECLARATION

I declare that the above information is correct to the best of my knowledge. I understand that if at any time the information I provided about my educational qualification and job experience is found to be 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 processing fee is not refundable.

Kin / Guardian Details

Full Name; _____ Cell: _____

Company / Organisation: _____

Address: _____

Email: _____

How did you know about University of Hebron (UHB) / Programmes?

Social Media

Facebook

Instagram

Twitter

Reference Groups

Family

Friends

Institution

Other Channels

Television ad

Radio ad

University of Hebron Website

What is your expectation with the University? _____

Student Signature

Signature: _____

Date: _____

For office use

Academic year: _____ Application No: _____

Receipt No: _____ Application No: _____

Application Review Date (By University Admission Committee): _____

Date Approved: _____ Student No: _____

Signature: _____

Vice Chancellor

Registrar