- P.O. Box 1376
 Shoppers-Mall, Plot 4/67 In Old Town
 Opposite Shoprite Bus-Depot
- 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. STUDENT DETAILS				
Surname		First Name		
Middle Name			Male	
Marital Status	Country:		ZIP/CAP/Postcode:	
			Village	
Contact Address:				
			Office:	
B. ACADEMIC DETAILS				
Programme applying for:				
Highest Qualification:				
(a) Adv. Dip/ Dip/ Cert/ MSCE:				
(b) Other (Please specify):				
(b) Year Obtained:				
Subject:		Grade:		

MODE OF STUDY Full-time Weeken	d Evening Blo	ock-Release Online		
DO NOT SEND ORIGINAL COPI D. APPLICATION FEE Pay a non-refundable applicatio Acc No. 0001006269687, City Ce	on fee of MK10,000.00 through UHB's a	ccounts: University of Hebron, National Bank, count N0: 0002704003385, City Centre Branch.		
Kin / Guardian Details				
Company / Organisation:				
How did you know about University of Hebron (UHB) / Programmes?				
Social Media Reference Groups Other Channels Facebook Family Television advert Instagram Friends Radio advert University of Hebron Website What is your expectation with the University? 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. Signature: Date:				
<u>Official</u>				
Academic year:	Application No:			
Receipt No:				
Application Review Date (By U	niversity Admission Committee):			
Date Approved:	Approved: Student No:			
	ce Chancellor Signature: DVC Admin Signature:			
Date:	Date:			