St John of God Malawi

University

St John of God University
P.O Box 744, Mzuzu

APPLICATION FORM

COURSE APPLYING FOR: **Ref No**

- ☐ Diploma in Clinical Medicine - Upgrading (DCMU 26)
- ☐ Bachelor of Science in Mental Health Psychiatric Nursing (MHPN 26)
- ☐ Bachelor of Science in Clinical Medicine – Mental Health (CMMH 26)
- ☐ Bachelor of Science in Psychotherapy – Upgrading (BPSY – U 26)

READ THE APPLICATION INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPLETE ALL APPROPRIATE SECTIONS IN CAPITAL/BLOCK LETTERS AND RETURN YOUR FORM AND OTHER SUPPORTING DOCUMENTS TO:

The Registrar
St. John of God University
P.O. Box 744
Mzuzu - MALAWI
CELL : (265) 991 887 119
TEL : (265) 111 610 636
E-MAIL: collegehs@sjog.mw

2 PASSPORT SIZE PICTURES

1. PERSONAL DETAILS

Name:

Mr/Mrs/Miss/Sr/Br

_____ _____

Surname First Names

Other Details:

Date of Birth: _____ Gender: Male ☐ Female ☐

Marital Status: _____

Citizenship_____ National ID No_____

If Non-Malawian provide a photocopy of passport together with registration form.

Permanent Address: _____

_____

_____

_____

_____

Cell phone Number: _____

E- mail: _____

Contact Address (if different from above)

_____

_____

_____

Fax: _____ Cell: _____

Indicate if this is your first application

Yes	
No	

If No, indicate why you were left during the first time.

_____

_____

2. NEXT OF KIN OR GUARDIAN

Name: _____ Relationship to Applicant: _____

Address: _____

_____

_____

Fax: _____ Tel: _____

E-mail: _____

3. EDUCATION HISTORY

(a) MSCE/IGCSE GRADES OBTAINED

MSCE SUBJECTS	**SCORES/GRADES**
ENGLISH	
MATHEMATICS	
BIOLOGY	
PHYSICAL SCIENCE	
PHYSICS	
CHEMISTRY	
BIBLE KNOWLEDGE	
SOCIAL STUDIES	
AGRICULTURE	
CHICHEWA	
GEOGRAPHY	
OTHER (SPECIFY……	

(b) PLEASE LIST ALL SECONDARY AND POST- SECONDARY INSTITUTIONS ATTENDED IN THE FOLLOWING SECTION, ATTACH AN EXTRA PAGE IF NECESSARY.

Name of School or College	Year of Attendance	Name of Certificate/Diploma/Degree

4. SPONSORSHIP

How will your study be sponsored? Self - Sponsored ☐ Have a Sponsor ☐ (Give details below)

Name of Sponsor: _____

Contact Address: _____

_____

Tel: _____ E-mail: _____

5. REFEREES: Give three traceable referees - **one** should preferably be from your Employer if working in public or private sector.

Name of Referee	Contact Address/Phone Number and E-mail

6 APPLICATION CHECKLIST

Please be sure to enclose the following items. Tick in the applicant box if enclosed.	For applicant	For official use only
1. Certified copies of all secondary or post-secondary Certificates/Diplomas/Degree. International students should arrange with their previous college(s) for academic transcript(s).		
2. Certified copy of registration certificate with regulatory body of your country (NMCM and Medical Council if applicable).		
3. Three letters of recommendation (from current or former employer).		
4. Two passport sized photographs. (Write your names on reverse side)		
5. A photocopy of National ID for Malawians/passport for international students		
6. Proof of ability to pay fees (attach a letter from a parent/guardian/sponsor confirming sponsorship)		
7. Those employed by the Government should come with a letter of approval to pursue the course.		
8. Completed and certified medical history and examination form		
9. Authentic bank deposit slip	.	
10. Completed and signed application form		

I hereby certify that the information given in this application form is correct and complete to the best of my knowledge, and hereby give my permission to the admissions committee to obtain any verification deemed necessary to process my application. I also certify that all attached documents become the property of the College and shall not be returned to me.

Signature: _____ Date: _____

8. HOW DID YOU LEARN ABOUT SJOGU AND THIS PROGRAMME (Tick all that apply**)**

a) Newspaper b) Facebook c) TV d) Word of Mouth/Heard from a friend (indicate the name)

9. FOR OFFICIAL USE ONLY

Accepted ☐ Not accepted ☐

If not accepted (Reasons)
Student number: _____

Signature of Registrar: _____Date: _____