

SINDIMA MEMORIAL INSTITUTE OF ARTS AND TECHNOLOGY
INTERNATIONAL STUDENTS APPLICATION FORM

PERSONAL INFORMATION

Last name _____ First name _____

Date of birth: ____ / ____ / ____ Place of Birth: Village, Town, City _____

District/County _____ Province/State _____ Country _____

Permanent address: Street _____ P. O. Box _____ Village/Town/City _____

Zip _____ District/County _____ State/Province _____ Country _____

Permanent Telephone _____ Cell Phone _____ Email _____

Country of Residence _____ Citizenship _____

FAMILY

Father's name if different from above

Is father alive? _____ Is mother alive? _____

Parents residence

Village, town, city of _____ TA _____ District _____

Circle if parents are: married or divorced Divorce of date ____ Month ____ Year ____

Mother's residence _____ TA _____ District _____

Father's residence _____ TA _____ District _____

Is your father employed? Name of employer _____

Type of employment _____ Position/rank _____

Is your mother employed? Name of employer _____

Type of employment _____ Position/rank _____

APPLICANT'S EDUCATIONAL INFORMATION

Primary School attended _____ Dates ____ / ____ / ____

P. O. Box _____ Town/City _____ District/County _____

Province/State _____

Type of Primary School: Private ____ Public ____ Religious ____ Christian ____ Muslim ____

Secondary School attended _____ Dates ____/____/____

P. O. Box ____ Town/City _____ District/County _____

Province/State _____

Type of Primary School: Private ____ Public ____ Religious ____ Christian ____ Muslim ____

National Secondary School Examination passed _____

Grade/Score _____ Date ____/____/____

If you attended more than one primary or secondary school, list their names and addresses

Name of School	Place	Address	Dates attended
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

Circle the number that applies to you.

1. I am applying for Secondary Education.
2. I am applying for admission for a baccalaureate degree
 - A. To study _____
 - B. I want to concentrate or specialise in _____
 - C. I am undecided.

DEGREE REQUIREMENTS

Sindima Memorial Institute of Arts and Technology is a very selective academic centre of higher

learning. It is also a specialised professional training institution. Applicants wishing to enter a degree

programme must have:

A. Passed at least six subjects of Malawi School Certificate of Education. Three of the subjects must be English, Mathematics, and Science passed with no less than a credit.

B. Passed five subjects at Ordinary Level with A, B, and C. Three of those must be English, Mathematics, and Science.

C. Passed five subjects at Ordinary Level with grades A and B. English, Mathematics, and Science passed with a B or above.

D. Passed four subjects, three of which shall be A levels in English, Mathematics, and Science.

TEST SCORES

Give accurate test scores for the highest national examination board taken.

Primary School Leaving Certificate: _____
Date English Mathematics Science

School Certificate of Education: _____
Date English Mathematics Science

If the highest examination taken was not by your country’s national examination board complete the form below.

Examining Board	Level	Subject	Date Taken	Grade/Score
(Cambridge, London, SAT, etc.)	(O, A, Scottish Higher, etc.)		(Month/Year)	
_____	_____	_____	____/____/____	____/____
_____	_____	_____	____/____/____	____/____
_____	_____	_____	____/____/____	____/____
_____	_____	_____	____/____/____	____/____
_____	_____	_____	____/____/____	____/____
_____	_____	_____	____/____/____	____/____
_____	_____	_____	____/____/____	____/____
_____	_____	_____	____/____/____	____/____

Points _____

Sindima Memorial Institute of Arts and Technology will verify these scores with the mentioned Examination Board for accuracy. Any inconsistencies will automatically disqualify the application for consideration for admission at Sindima Memorial Institute. In addition, a legal action will be taken against the applicant.

Applicants must send a non-refundable application fee of \$20.00. All applicants should also contact their Principle, Headmaster/Headmistress for their transcript or school report for the last two years. All school reports must be on the school stationary. Sindima Memorial Institute will verify authenticity of transcript or school report.

FINANCIAL SUPPORT

If your mother or father is not living give the name and address of your guardian: _____
type of employment or business of your guardian(s): _____

If not your guardian, give the name and address of the person(s) who will be responsible for your fees and tuition at Sindima Memorial Institute:

Mr. Mrs. Miss. Dr. _____ P. O. Box _____ Street/Town/City
_____ District/County _____ Province/State _____
Country _____

Type of employment or business of your sponsor _____

Does your government place restrictions on release of funds for education abroad? Yes ____ No ____

Do you have sufficient funds to complete your studies at Sindima Memorial Institute? Yes ____ No ____

What is, or will be the source of your funding for your education? Circle as many as possible:

- 1. Father’s work 2. Mother’s work 3. Your work 4. Family business 5. Other members of your family.

Name the source for emergency funds while in Malawi? _____ How much? _____

What means of transportation will you use to come to Malawi? By Air _____ Road ____

Will you need a student Visa to study in Malawi? Yes ____ No ____

OTHER ACTIVITIES

List other activities outside school work you do, or did in the last two years. Such activities may include sports, dance, helping others, or hobbies. Also tell if you were a leading position like ,a captain of a netball or football team

Activity	Dates	Times per week	Position
_____	/ /	_____	_____
_____	/ /	_____	_____
_____	/ /	_____	_____
_____	/ /	_____	_____

PERSONAL STATEMENT

Those applying for secondary education write a composition on any topic of your choice.

Applicants for baccalaureate degree admission write a composition on one of the following topics:

1. The importance of culture.
2. The value of education in Africa.
3. The role of religion in society.
4. Your country in 2020

DECLARATION

I declare that the information given above is correct to the best of my knowledge, and that should it be found to be false my application will be automatically be disqualified and a legal action taken against me and my witness.

Signed _____

Date _____

Applicant

—

Signed _____

Date

Witness

Mail the application form, teacher reference form, affidavit of support along with non-refundable application fee of U\$20.00 for secondary education and U\$50.00 for baccalaureate degree in Bank Draft, Bank Certified Cheque, Postal Money Order, or wire transfer payable to:

International Admissions
Sindima Memorial Institute
P. O. Box
Blantyre

Sindima Memorial Institute also accepts wire transfers and Credit card payment through PayPal made through Blantyre North Relief Project account at www.bnrp.org

AFFIDAVIT OF FINANCIAL SUPPORT

PART A

The affidavit of financial support is to make sure that the applicant not will face financial hardship while in Malawi, or drop out of the university due to financial difficulties. Part A of this affidavit of support is to be completed by the individual(s), or the party financially responsible for the applicant’s fees, tuition, books, and living expenses at Sindima Memorial Institute.

I, _____ residing at _____
hereby certify that I am _____ years of age and a citizen of _____
and that I am employed as _____ with _____
(name of business of government agency or department), or is self employed _____
(name type of business) and derive a net income of \$US _____, or its equivalence in
local currency (name of currency). I am willing to support _____
by providing \$US _____ per year for his tuition, fee, and books. I will also provide \$US
for his personal expenses and travel expenses to and from Malawi. I am related to _____
as a parent, family member, friend, sponsor, etc.

Signature _____ Date _____

Witness signature _____ Date _____
(Commissioner of Oaths, a lawyer, legal company, or District Commissioner)

Official stamp _____ Date _____

NOTE: This affidavit needs to be completed and returned with Bank Certification

PART B

OFFICIAL BANK CERTIFICATION

BE COMPLETED BY YOUR BANK OR RELATED FINANCIAL INSTITUTION

Name of Bank or Financial Institution _____

Address of Bank or Financial Institution _____ Street

P. O. Box _____ Town/City _____ Country _____

Name of account _____

Date opened _____

Type of account (checking, savings, other). Please list accounts _____

Present balance (\$US equivalent) _____

Signature of bank official _____ Date _____

Official position and Title _____

Bank stamp _____