



KAMUZU UNIVERSITY
OF HEALTH SCIENCES

ACCOMODATION APPLICATION FORM FOR NEW STUDENTS
2022 ACADEMIC YEAR

SURNAME: _____ FIRST NAME: _____

OTHER NAMES: _____

SEX: MALE FEMALE STUDENT NUMBER: _____
[AS GIVEN ON INTAKE LIST]

PROGRAMME OF STUDY: _____

YEAR OF STUDY: FOUNDATION FIRST YEAR

OTHERS (SPECIFY):

NATIONALITY: MALAWIAN FOREIGN AGE (IN YEARS):

NATURE OF ENTRY: LOCAL INTERNTIONAL(undergraduate) INTERNATIONAL
(postgraduate)

NAME OF THE PREVIOUS SECONDARY/HIGH SCHOOL:

STUDENT CONTACT DETAILS/HOME ADDRESS:

VILLAGE _____ T/A _____ DISTRICT: _____

TEL./CELL NO.: _____ EMAIL: _____

CURRENT RESIDENTIAL AREA: AREA DISTRICT

NAME AND CONTACT ADDRESS OF NEXT OF KIN (IN CASE OF EMERGENCY):

TEL./CELL NO: _____ EMAIL: _____

I hereby apply for accommodation in the Kamuzu University of Health Sciences (KUHeS) hostels/housing. I have read, understood and agree to abide by the hostel rules and regulations applicable to students given campus accommodation.

1. It is assumed that all applicants unless otherwise indicated are prepared to share a room
2. Yes No (Please tick in the appropriate box)

3. If no to 1, please specify or/and provide evidence of response

4. Are you an applicant with a physical challenge? If yes specify

NOTE; The information supplied by the applicant on this form is taken into account when allocating rooms. It would be very much in the interest of the applicant if necessary information is given on the medical conditions that might influence room allocation e.g. epilepsy, mobility problems, etc.

DECLARATION: If accepted as a resident, I agree to abide by the rules and regulations of the hostels as stipulated in both the tenancy/residence Agreement and College Students' Rules and Regulations.

SIGNATURE _____ DATE _____

[This form must be filled by the student themselves and not a representative]

For office use;

Received by: _____ Date: _____

Reviewed by: _____ Date: _____

Allocation Remarks by the Hostel Supervisor:

Signature by: _____ Date: _____

Dully completed application forms in duplicate should be submitted to:

THE UNIVERSITY REGISTRAR,
KAMUZU UNIVERSITY OF HEALTH SCIENCES,
PRIVATE BAG 360,
CHICHIRI BLANTYRE 3,
MALAWI.
ATTENTION: ASSISTANT REGISTRAR (ACADEMIC)
TEL: +2651871911, +265 (0) 1 874 107, FAX +265 (0) 1 874 700
E-mail: accommodation@medcol.mw

[PLEASE NOTE THAT ONLY FULLY COMPLETED ACCOMODATION FORMS SHALL BE PROCESSED]