

**MZUZU UNIVERSITY**

**STUDENT REGISTRATION FORM**

**A. STUDENT INFORMATION**

Registration No:..... Programme:..... Level:..... Semester:.....

Surname:..... First Name and Initials:.....Sex:.....

Title (circle): Mr/Mrs/Miss/Other;..... Marital Status: single/married/divorces/widowed

Date of Birth...../...../..... Personal Tutor:..... Village.....

T/A..... Home District.....

Year you entered Mzuzu University..... Last School Attended .....

..... Sponsor at the last School.....

Telephone No..... Email.....

**Bank Account Details**

Bank Name..... Account Name.....

Branch..... Account Number.....

**Residential Status**

i) *if on-Campus, state the name of your:* Hall of Residence.....Room No .....

ii) *if off-Campus, provide name of your:* Landlord..... Location.....

Contact Telephone..... Cell phone..... Email.....

Postal Address.....

**B. INFORMATION ABOUT PARENT/GUARDIAN**

Name ..... Address.....

..... Telephone.....

Email (if any).....

**C. CONTACT PERSON IN CASE OF EMERGENCY**

Surname: ..... First Name(s):..... Mr/Mrs/Miss (tick)

Relationship..... Address.....

.....Telephone..... Email.....

**D. PERSON/INSTITUTION RESPONSIBLE FOR YOUR FEES**

Name of Person/Institution:.....

Relationship..... Address.....

Email ..... Mobile No.....

**E. PAYMENT OF FEES**

Fee Category (Circle): (1) Full Scholarship (2) Tuition only scholarship  
 (3) Self-sponsored on-campus (4) Self sponsored off-campus

Payment mode (circle): (1) Cash (2) Government Loan Scheme

**Payment of Fees (To be completed by Finance)**

Total amount required as fees per Academic year K.....

Other Financial commitment owed to the University (describe) K.....

Amount paid K..... Receipt No.:.....

Fees Balance:.....

**Endorsement By: Director of Finance & Investment**

Signature..... Date..... Stamp.....

**Endorsement By: University Registrar**

Signature..... Date.....

**COURSE REGISTRATION**

**Courses required to repeat from previous course**

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New courses you wish to take this Semester including the repeat courses:

	Course Code	Course Title	Department	Signature of the Head of Department
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

**Endorsement by Dean:** ..... **Date:**.....

**Approval by:**

University Registrar..... Date:.....

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**DECLARATION BY STUDENT**

I agree to abide by rules of the University subject to disciplinary procedures if not abide by rules.

I understand that there is an obligation to pay fees or may be withdrawn from the University.

I declare that all the above information is correct and true to the best of my knowledge and belief and that I shall be liable for disciplinary action should this not be the case.

Full Name of Student:..... Signature of Student:.....

Place:..... Date:.....

*The completed form should be submitted to the University Registrar through the Registry*