Completed forms should be returned to:

2025/2026 Admissions:

The University Registrar Daeyang University P.O. Box 30330 CAPITAL CITY, LILONGWE, MALAWI



PROGRAMME CODE:					
APPLICATION NO.	:				
RECEIPT NO.	:				

FOR OFFICIAL USE ONLY

ADMISSION APPLICATION FORM: 2025/2026 ACADEMIC YEAR

Instruction	ons: Fill in th	e required inforn	natio	n in BLOCK LETTER	S or tick v	where appro	opriate
For applicants with s pacilities that you may	-	, state in this box	x any	form of disability you	ı have and	any specia	al assistance /
A. APPLICANT'S	PERSONAL D	DETAILS					
SURNAME:		FIRS	T NA	ME:		Il	NITIALS:
SEX: □MALE □ FE				F BIRTH:			
				·			
				AL ID NUMBER:			
				r: E-ma			
used as a criterio			11		• • • • • • • • • • • • • • • • • • • •	(2101	igion will not b
	_	·					
B. ACADEMIC DET					est grades/		
Qualifications eg:	Centre Number	Examination Number	Sul	oject		Grades/ Points	Year
MSCE/IGSCE etc.	Number	Number				Points	
Qualifications comparabl A*= 1; A = 2; B = 3; C Other qualifications	= 5; D = 7; E	FG = 8.					a Science)
Degree, Diploma, Certi	ficate etc.	College/Univer	sity	Year No. of year	r's of-work	experience	e:
C. SELECTION OF I	PROGRAMMI	ES OF STUDY:					
Please indicate the pro programme(s) into the			of prio	ority, by inserting the	serial nur	mber (S/N) (of the
1st Choice: 2nd Ch	oice: 🗌 3 rd	Choice: \square 4 th	Choi	ce: 🔲 5 th Choice: 🗌	6th Choi	ice: 🗌 7 th	Choice:
D.RE-DIRECTION: I a	m willing to b	e considered for	re-di	rection to any other p	orogramme	YES	NO
1 Bachelor of Com	merce In Bus	iness Administra	tion	Generic)			
	, , ,						
	3 Bachelor of Commerce in Human Resource Management (Generic)						

4	Bachelor of Science in Information and Communication Technology (Generic)
5	Bachelor of Science in Information and Communication Technology (Weekend)
6	Bachelor of Science in Nursing and Midwifery (Generic)
7	Bachelor of Science in Nursing and Midwifery (Upgrading)
8	Master of Science in Data Science

E. FINANCIAL	SUPPORT (to	be filled	by responsible	person for	fees payment)
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Name:	Address:
Signature:	Telephone:
Email:	

F.PAYMENT OF ADMISSION APPLICATION FEE

The application fee should be paid by depositing the amount of **K20**, **000.00** into the following bank account:

Name of the Bank : NBS Bank

Account Name : Daeyang University

Account Number : 14369667

Branch : Capital City Branch Swift code (for international transfers): NBSTMWMW

G. TUITION FEES

•	BBA Generic	K678,600	Per Semester
•	BBA- Accountancy	K678,600	Per Semester
•	BBA- HR Management	K678,600	Per Semester
•	BSc in ICT	K678,600	Per Semester
•	Accommodation	K156, 600	Per Semester
•	Nursing and Midwifery	K748,800	Per Semester
•	Accommodation	K175, 500	Per Semester
•	CHAMSU	K1,500	
•	PPE	K20,000	
•	Administrative registration fee	K110, 000	Per Academic Year
•	Students' Council fee	K7, 500	Per Academic Year
•	Medical fee	K42, 000	Per Academic Year
•	Library and internet User fee	MK20, 000	
•	Student Union	K8, 500	
•	Fees for International Students	Equivalent to \$2,000	Per Academic Year

NB:

- a) Only few places are available and offered on first come first serve basis. Successful students will be required to apply for accommodation. Students who will not get space on campus will be required to make their own accommodation arrangement outside campus.
- b) The fees are subject to revision at any time. The above fees do not include costs for other requirements such as personal lap top computers, uniform during practical placements, protective wear for laboratory sessions and other programme specific requirements. Candidates should therefore prepare for these additional costs. Detailed will be provided to the successful candidates at a later stage.

- **H. CHECKLIST:** Please check that you have done the following:
- a) attached a certified copy of your MSCE certificate or its equivalent
- b) attached copy of your National ID
- c) attached proof of payment of the admission application fee
- d) provided proof of ability to pay fees by attaching a letter from the sponsor or employer confirming sponsorship, or bank statements

I. DECLARATION BY APPLICANT

I declare that all the information is true and correct to the best of my knowledge and belief. I have checked and provided all the information and documents required to process my application. I am aware that the University reserves the right to reject any application and or withdraw and cancel any offer of admission should all or part of the above information be found to be untrue and or incorrect, or if an offer was erroneously made. I agree that if I am accepted at the University, I shall be under the disciplinary control of the authorities and I undertake to acquaint myself with, and to conform to the rules and regulations of the University. I declare that I will be able to pay the fees provided, and as they may be revised from time to time.

Full names of applicant:		
SIGNATURE:	DATE	DI ACE.
SIGNATURE	DAIE	FUACE

All applications should be sent by post, courier or delivered by hand to the following address:

2025/2026 Admissions

University Registrar, Daeyang University, P.O. Box 30330, LILONGWE 3, MALAWI.

Or

Email: admissions@dyuni.ac.mw

TEL: 0994000389 | 0994000365 | 0997435071 | 0994000375 (For enquiries, during working hours only).

The applications should reach the University by 31st May 2025.