

Student Application Form (Full-Course)



TERe – School of Public Health | 6 Miles – Along M1 Road | P. O. Box 20035, Kawale, Lilongwe2, MALAWI | **Phone:** 0995095055 / 0888061888 | WhatsApp: 0999958838 | **Email:** tere.publichealth@gmail.com | **Web:** www.tere-publichealth.weebly.com | **Facebook:** Tere Sph | **Twitter:** @TEReSPH1

Paid Processing Fee (receipt No. & Amount):

Section A: Introduction

TERe – School of Public Health offers the variety of programs which include those with International Awards. In a year there are two semesters: **January-June semester**; and **July-December semester**. The awarding body choice will be done by either a student or management based on conditions below:

1. Awarding Body Choice by Student:

- a) If student is willing and committed to make semester full fees payment at semester inception for programs registered and offered directly through TERE – School of Public Health
- b) If student is only registered by TERE – School of Public Health for programs offered directly by the awarding body

2. Awarding Body Choice by Management:

- a) If student can only afford to pay semester fees by instalments
- b) If student is not conversant with the awarding bodies and not able to make a choice on his/her own

Section B: Possible Fees Payment Condition Manageable by Applicant

3. Semester Full Fees Payment at inception

4. Semester Fees Payment by Instalments

Section C: Proposed Qualification

5. Make your three choices in priority from which the management would give an offer to you:

1 st Choice:	<input type="text"/>	Awarding Body:	<input type="text"/>
2 nd Choice:	<input type="text"/>	Awarding Body:	<input type="text"/>
3 rd Choice:	<input type="text"/>	Awarding Body:	<input type="text"/>

6. Mode of Study: Classroom Learning Distance Learning Blended Learning

7. Type of programme? Weekend Classes Weekdays Classes Evening Classes

Other (Specify)

8. Study Intake ready to join (Specify):

IMPORTANT: Complete the form and return it back to TERE – School of Public Health

9. How did you know about TERE – School of Public Health? (*tick all answers*) Email
Web Facebook Twitter TV Radio Newspaper Flyer
College SignPost Poster / Bill board Friend (**his/her full name and program**
if already enrolled student with TERE):
Other (**specify**):

Section D: Personal Details

10. Surname: Initials: Title:
11. Full Name:
12. Marital Status: Single Married Divorced
13. Maiden name and/or previous surname (if applicable):
14. Gender: Male Female
15. Date of Birth (YYYY-MM-DD):
16. Disability:
 a) Do you have a disability? Yes No
 b) Nature of your disability
17. The completion of the postal and home addresses is compulsory

Postal Address	Home Address

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18. Phone Numbers and E-mail address:

c) Phone

d) WhatsApp

e) E-mail

f) Next kin Number

g) Home Number

Section E: The current academic qualifications

19. Completed and incompletd studies must be indicated in the Table below:

Previous Institution where studied e.g. TERE-School of Public Health	Qualification obtained e.g Degree / Diploma / Certificate in	Period of Study e.g. 2004 - 2006	Status e.g. completed / incompletd

20. Are copies of all relevant documentation attached?

h) Certificates : Yes Partially No

i) Transcripts : Yes Partially No

j) ID : Yes Partially No

k) Passport Photo: Yes Partially No

l) CV : Yes Partially No

21. Do you intend to apply for subject exemptions from previous studies? Yes No

22. If yes, specify the subjects you want to be exempted and submit certified copies of your academic record.

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23. Do you need training in basic computer skills?

Yes No

Section F: Declaration and Undertaking

I declare that all the particulars furnished by me on this form are true and correct. I undertake to comply with all the rules, regulations and decisions of TERE – School of Public Health and any amendments thereto, and I have taken note of advice which may be applicable to students in general.

Full Name:

Applicant's Signature:

Date:

OFFICIAL USE ONLY

Approved by (Executive Director):

Date: