

# UNIVERSITY OF DAR ES SALAAM

*School of Graduate Studies*



Affix two  
stamp size  
Black & White  
photographs

## APPLICATION FORM FOR ADMISSION INTO POSTGRADUATE PROGRAMMES

To be filled in triplicate and sent to the respective Faculty/ Institute/College

Academic Year for which Admission is being sought (e.g. 2009/2010) .....

### CHOICE OF PROGRAMME

In the table below, enter the programme you are applying for.

Faculty / Institute / College		Full Name of the Programme applied for		
Programme mode (Tick one)	Regular ....	Evening ....	Other (Specify).....	

#### Non refundable application fees:

- (i) T.shs 20,000/= for Tanzanians applying for admission into Postgraduate Diploma and Masters Programmes.
- (ii) US \$ 20.00 for Non Tanzanians applying for admission into Postgraduate Diploma and Masters Programmes.
- (iii) T.shs 30,000/= for Tanzanians applying for admission into Ph.D. Programmes.
- (iv) US \$ 30.00 for Non Tanzanians applying for admission into Ph.D. Programmes.

All application fees should be paid through the bank as follows: Bank name: **NBC Bank, Mlimani Branch.**

A/C Name: **University of Dar es Salaam.** A/C Number: **040103001709.**

### CHECKLIST

- ▶ Read **ALL** the instructions carefully.
- ▶ Fill in the application form and **sign it.**
- ▶ Attachments to the application form.

	Three letters of recommendation (sealed and signed).
	Copies of Secondary School Certificates.
	Copy of Birth Certificate.
	Copies of Diploma / Advanced Diploma / Postgraduate Diploma Degree Academic Transcripts and Certificates. <b>Successful applicants will be required to bring the originals for verification at the time of registration.</b>
	CV detailing employment and self-employment experience.
	Brief Statement of Purpose for pursuing the postgraduate programme (maximum 1 page).
	Two passport-size <b>Black &amp; White</b> photographs (with your name written at the back).
	An original receipt (Bank Pay-in-Slip) indicating payment of the non-refundable admission fee.
	Evidence of sponsorship (or self sponsored).
	A letter from employer indicating willingness to release you if admitted (if employed).

### FOR OFFICIAL USE ONLY

Received on .....

Comments of the Faculty/Institute/ College Higher Degrees Committee.

Admit? Yes [ ] No [ ]

PLEASE MAKE SURE THAT THIS FORM IS CAREFULLY AND FULLY FILLED IN. THE PERSONAL INFORMATION COLLECTED ON OR IN CONJUNCTION WITH THIS FORM IS REQUIRED TO DETERMINE YOUR ELIGIBILITY FOR ADMISSION AND WILL BE USED TO CONTACT YOU REGARDING UNIVERSITY PROGRAMMES AND SERVICES. IT WILL FORM PART OF YOUR RECORD AS AN APPLICANT, STUDENT AND ALUMNUS. WE LOOK FORWARD TO RECEIVING YOUR APPLICATION.

<b>Biographical (Personal) Information</b>				
Surname/Family Name			Other Name(s)	
Title (Mr/Mrs/Miss/Ms)	Date of Birth	Country of Birth	Nationality	Disabilities/Special needs. Yes <input type="checkbox"/> No <input type="checkbox"/>
Permanent Address.			Nature of Disability /special needs (if any).	
Telephone Numbers. • Landline • Mobile		Fax Number  e-mail Address		

<b>Employment Record</b>			
Institution (Current Employer).	Position	From:	To:
Nature of Work (Responsibilities) ( <i>You may use a separate sheet</i> ).			
If you are admitted into our Postgraduate Programme, do you think your employer will release you? Tick <input checked="" type="checkbox"/> Yes ( ) No ( ). If Yes provide evidence.			

<b>Academic and Professional Qualifications</b>		
Highest Academic Qualification Attained.	Institution	Year of Graduation.
Specialisation	Undergraduate/Advanced/Postgraduate Diploma GPA.	
Other Academic or Professional Qualifications.		

PLEASE NOTE THAT STUDENTS SHALL BE REGISTERED BY NAMES APPEARING ON THEIR CERTIFICATES. CHANGE OF NAMES SHALL NOT BE ALLOWED DURING THE ENTIRE PERIOD OF STUDY.

<b>Referees</b>	Please give the names and addresses of three persons who are acquainted with your academic or professional work and enclose their letters of recommendation with this application confirming you have done so by ticking the appropriate boxes.	
<b>Name</b>	<b>Address</b>	
<b>Recommendation enclosed</b> <input type="checkbox"/>	<b>E-mail</b>	
<b>Name</b>	<b>Address</b>	
<b>Recommendation enclosed</b> <input type="checkbox"/>	<b>E-mail</b>	
<b>Name</b>	<b>Address</b>	
<b>Recommendation enclosed</b> <input type="checkbox"/>	<b>E-mail</b>	

<b>Evidence of Sponsorship</b>		
<b>How do you intend to finance your studies?</b>		
<b>Self</b> <input type="checkbox"/>	<b>Employer</b> <input type="checkbox"/>	<b>Other(s) Specify</b>
<b>Name and Address of your Financial Sponsor (if applicable).</b>	<b>Name</b>	<b>Address</b>

<b>Additional Information</b>	How did you find out about the Postgraduate Programmes at the University of Dar es Salaam? Please tick all that applies.	
<b>Prospectus</b> <input type="checkbox"/>	<b>Education/Trade Fair</b> <input type="checkbox"/>	<b>World Wide Web</b> <input type="checkbox"/>
<b>Advert in Newspaper/Journal</b> <input type="checkbox"/>	<b>University/College Careers Service</b> <input type="checkbox"/>	
<b>Other (please specify)</b>		

<b>Declaration</b>	I certify that the information given in this application form and the supporting documents are accurate and complete. I understand that submission of inaccurate information may be a sufficient cause for refusal of admission or termination of registration.	
<b>Signature</b>	<b>Date</b>	

**REFEREE'S RECOMMENDATION FORM  
PROGRAMME .....**

PLEASE TYPE OR USE BLOCK CAPITALS IN BLACK INK AND WRITE INSIDE THE BOXES

<b>Applicant</b>	Please complete this section. Give this form to the person who will act as your referee. Return your application form with a sealed letter of recommendation.	
Surname/Family Name	Other Name(s)	
Applicant's Signature		Date

<b>Referee</b>	To enable us assess the candidate's suitability for the Programme, we kindly request that you evaluate the candidate in the areas indicated in the table below (Tick the appropriate cell). Please indicate the applicant's qualifications and potential to undertake advanced study/research. Describe the applicant's motivation and intellect and indicate both strong and weak points. Please write frankly. If the applicant's first language is not English, please comment on his/her ability to read, write and speak English.
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How long have you known the Applicant?

In what capacity?

	Excellent	Good	Average	Poor	Very Poor
Intellectual Ability.					
Capacity for Original Thinking.					
Maturity.					
Motivation for Postgraduate Studies.					
English Language Proficiency.	Written:				
	Oral:				
Ability to work with others.					
Other capabilities/talents worth mentioning.					
What do you consider to be the Applicant's weaknesses?					
What is your recommendation on the suitability of the applicant to the applied Programme?					
Give any other additional comments that you consider relevant about the applicant.					

<b>Referee's Name and Contacts.</b>	
Name	Title (Dr/Prof/ Mr./ Mrs./ Miss/ Ms)
Institution	Position
Postal Address	Telephone (Landline)
	Telephone (Mobile)
Fax	E-mail
Referee's Signature	Date

PLEASE ENCLOSE THE COMPLETED FORM IN A SEALED ENVELOPE AND SIGN IT ACROSS THE SEAL. RETURN THE ENVELOPE TO THE APPLICANT, WHO WILL FORWARD IT WITH HIS/HER APPLICATION TO RELEVANT FACULTY/INSTITUTE/COLLEGE.