



Stefano Moshi Memorial University College

(SMMUCo)

A Constituent College of TUMAINI UNIVERSITY MAKUMIRA

P. O. Box 881 Moshi, Tanzania Tel: + 255272757070 / 272757071 Fax: +2552757880 Email: smmuco@smmuco.ac.tz Web: www.smmuco.ac.tz

APPLICATION FORM FOR ADMISSION TO POSTGRADUATE PROGRAMMES FOR ACADEMIC YEAR 2017/2018

I. PERSONAL INFORMATION

Passport
size photo

- i)
(Surname) (Other names)
- ii) Date of birth: Country of Birth:
- iii) Gender: M/F Marital Status: Married / Single/Other.....
- iv) Citizenship:
- v) Religion:
- vi) Place of Residence: Region..... District.....
- vii) ID/Passport No.Place of Issue:
- viii) Address for Correspondence: P. O. Box
- Telephone No.....Mobile No.....Fax:..... Email:.....
- ix) Permanent Address (if different from above Postal Address):.....
- x) Do you have any special needs (YES/NO) specify:
- xi) Name of next of kin:
- Relationship:Address: Tel/Fax No.
- xii) Name and address of current employer:.....

II. EDUCATION INFORMATION

University Education and Qualifications obtained. Attach copies of your degree certificates and academic transcripts.

a) First degree:

i. University Attended

.....
From To

ii. Field of Study

iii. Degree Awarded

b) Other Degrees and Diplomas (where applicable)

.....

c) State Qualifying practical experience related to the program (if applicable).....

III. TICK PROGRAMME APPLIED FOR

i) Masters in Education (MEd)

ii) Postgraduate Diploma in Education (PGDE)

iii) Registration Status (tick appropriately):

a) Block

b) Evening Programmes

iv) Financial Support:

a) Self

b) Sponsored

c) Name and address of the sponsor

v) Give names and addresses of two Academic Referees

i) Name:

Address:

ii) Name:

Address:

IV. How did you get to know about SMMUCo?

- a) Television Advertisement
- b) Newspaper Advertisement
- c) Radio Advertisement
- d) SMMUCo Fliers and Brochures
- e) Friend/Relative
- f) Facebook
- g) Instagram
- h) WhatsApp Groups
- i) Seminars
- j) Workshops
- k) Church
- l) Mosque
- m) Other: Mention

V. DECLARATION

I certify that the information I have provided is correct.

Name of Applicant:

Signature: Date

This form must be completed and sent to Stefano Moshi Memorial University College by **30th June, 2017** accompanied with a Bank pay slip of non refundable fee of TShs. **30,000.00** or **USD 30** payable to:

Account Name : Stefano Moshi Memorial University College.
Bank Name : CRDB
Account Number : 01J 1040 880 500

OR

Account Name : Stefano Moshi Memorial University College.
Bank Name : EXIM BANK
Account Number : 0770801803

NOTE

1. Please Attach:

- ❖ Certified copies of relevant certificates and testimonial
- ❖ Birth certificate

2. For more information on Admissions contact:

Deputy Provost for Academic Affairs,

Stefano Moshi Memorial University College,

P.O Box 881, **Moshi - Kilimanjaro**

Fax: (027) 2757880, Tell: (027) 2757070, Mobile: 0684 - 390934

Email: smmuco@smmuco.ac.tz, Website: www.smmuco.ac.tz