



MZUMBE UNIVERSITY

APPLICATION FORM FOR POSTGRADUATE DEGREE PROGRAMMES

(USE BLOCK LETTERS OR TYPESCRIPT)

This is in response to your application requesting the University to consider you for its Graduate Programme. Enclosed please find an application form that must be duly filled before your application is processed. Please pay special attention to the following points:

- Applicant to complete Sections 1-18, and if necessary, employer/sponsor to complete Paras 19-21
- All information given must be strictly correct (e.g. titles of **awards**, names of **schools** or **organizations**, etc.).
- All applicable items of this form must be fully completed. Any omission may delay the processing of the application.
- For those applicants being sponsored by their employers, in section 20 the employer is expected to give a brief **recommendation** of the applicant.
- In Section 21, the sponsor's signature is a binding confirmation of willingness to pay the fees for the entire study period.
- Two reference forms are enclosed and should be filled by academic referees as instructed in Section 18.
- Your application will be processed only after your file is complete with all requisite documents and information.

PERSONAL PARTICULARS OF THE APPLICANT

1. Second name or surname as it appears in certificates _____
2. Other names: _____
3. Sex: [] Female [] Male
4. Postal address: _____
 Telephone _____ Fax _____ E-mail _____
 Office: _____ Residence: _____
5. Marital status: _____
6. Place of birth: _____
7. Date of birth: _____
8. Nationality _____ (By **Birth** [] or **Naturalized** []-tick appropriate status)
9. Programme applying for:

Ph.D. - Faculty of _____	(Please indicate)	[]
MBA - Corporate Management		[]
MSc. - Banking Management		[]
MSc. - Accounting & Finance		[]
MSc. - Entrepreneurship		[]
MSc. - Marketing Management		[]
MSc. - Procurement and Supply chain management		[]
MHSM. – Masters of Health Systems Management		[]
MSc. - Human Resource Management		[]
MSc. - Local Government Management		[]
MSc - Development Policy		[]
MSc - Economics		[]
LL.M - Master of Laws		[]
10. Preferred campus:
 - (i) Mzumbe Main Campus - Residential

 - (ii) DSM Campus (Off-Campus): Day Class _____ Evening Class _____

11. Year of admission: _____

12. Name of present employer: (if applicable):

13. Your present title or position:

14. Description of duties:

15. ACADEMIC TRAINING

Please, list all colleges, universities or other educational institutions attended.

School/Coll ege/Univers ity	Country	DATES		Major field of study	Certificate/Diplo mas/ Degrees awarded
		From	To		

16. PROFESSIONAL EXPERIENCE

List all jobs held for the past five years: (if applicable)

Position: _____

Company/organization: _____

Duration: _____

Brief job description:

Position: _____

Company/organization: _____

Duration: _____

Brief job description:

Position: _____

Company/organization:

Duration: _____

Brief job description:

**17. PROFESSIONAL SOCIETY MEMBERSHIP
(e.g. Law Society of Tanzania)**

18. ACADEMIC REFEREES

Please provide names of two **academic** referees and ensure that they each complete the attached reference form. The form should be sealed (signed on the closing envelope flaps) by the referee and returned by the applicant together with the application form.

	Name of referee	Address	Affiliation
(i)	_____	_____	_____
(ii)	_____	_____	_____

19. CERTIFICATION

I certify that the information given in this application is complete and accurate to the best of my knowledge.

Signature of Applicant

Date

20. EMPLOYER'S OR SPONSOR'S APPRAISAL (if necessary)

Rating of applicant: Please tick

Excellent	Very Good	Good	Poor	Very Poor
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Knowledge of job performed					
Knowledge of whole organization					
Ability to learn					
Personal Initiative					
Co-operation and personal interaction					
Judgement and common sense					

General conduct:

Employer's/sponsor's recommendation on the suitability of the applicant to pursue graduate studies

SIGNATURE **DATE**
21. SPONSORSHIP COMMITMENT

I certify that _____
is sponsored by us for the programme of study and undertake to
meet the total programme cost as given by the University.

ADDRESS OF THE SPONSOR

DATE

SIGNATURE OF THE SPONSOR

[OFFICIAL STAMP IF APPLICABLE]

PLEASE RETURN THE COMPLETED APPLICATION FORM TO THE RELEVANT FACULTY:

Dean Faculty of Social Sciences

Dean Faculty of Commerce

***P.O. Box 5,
MZUMBE
TANZANIA***

***P.O. Box 6,
MZUMBE***

**Dean Faculty of Public Administration
and Management**

**P.O. Box 2,
MZUMBE
TANZANIA**

**Director Institute of
Development
Studies**

**P.O. Box 83,
MZUMBE
TANZANIA**

Dean Faculty of Law

**P.O. Box 9,
MZUMBE
TANZANIA**

Tel. 023 2604381/83/84

Fax: 023 2604382

Mobile 0744: 694029

E-mail: mu@mzumbe.ac.tz

E-mail: drps@mzumbe.ac.tz

Website: www.mzumbe.ac.tz