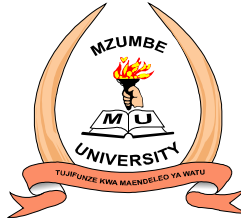


**MZUMBE UNIVERSITY  
(CHUO KIKUU MZUMBE)**

# **APPLICATION FORM**

**FOR ADMISSION TO  
UNDERRADUATE DEGREE  
PROGRAMMES FOR THE ACADEMIC  
YEAR 2008/2009**



**MZUMBE UNIVERSITY  
(CHUO KIKUU MZUMBE)**

E-mail: mu@mzumbe.ac.tz  
Tel: +255 023 2604380/1/3/4  
Fax: +255 023 2604382  
Cell: +255 0744 694029

P.O.BOX 1  
**MZUMBE**  
MOROGORO, TANZANIA

Affix a stamp size photo  
taken within the last six  
months.

Ref. No: \_\_\_\_\_

**APPLICATION FOR ADMISSION TO UNDERGRADUATE DEGREE  
PROGRAMMES OFFERED BY MZUMBE UNIVERSITY.**

This form must be filled and returned to the **Admissions Office on or before  
31<sup>st</sup> May 2008.**

**(USE BLOCK LETTERS)**

1. **Academic Year:** \_\_\_\_\_

2. **Degree Programme in which admission is sought:**

CHOICE (1) \_\_\_\_\_

CHOICE (2) \_\_\_\_\_

CHOICE (3) \_\_\_\_\_

3. **Mode of Sponsorship:**

• Loan under Higher Education/  
Institution Loans Board  (Tick the appropriate box)

• Private Sponsorship.

• Others (specify): \_\_\_\_\_

4. **Applicant's Personal Record:**

(i) Surname (Block Letters): \_\_\_\_\_

Other names: \_\_\_\_\_

[Note: The names entered on this form must be the same as those on  
your A.C.E.E. (Form VI) or equivalent].

(ii) Sex Male ( ) Female ( )

(iii) \*Date of Birth: \_\_\_\_\_

(iv) Place of Birth: \_\_\_\_\_

(i) Citizenship: \_\_\_\_\_

(vi) Religion: \_\_\_\_\_

(vii) Marital Status: \_\_\_\_\_

(viii) Permanent Address: \_\_\_\_\_  
Tel. \_\_\_\_\_

(ix) Contact Address (if different from 8 above)

**\* Attach copy of birth certificate. Affidavit NOT accepted.**

(x) Academic Qualifications Attained.

(a) Certificate of Secondary Education (C.S.E.E.)/National Form 4/or Equivalent.

Subject	Grade	Date	Index No.	Subject	Grade	Date	Index No.

Examinations Authority: \_\_\_\_\_ Division: \_\_\_\_\_  
Examination Centre/School: \_\_\_\_\_  
Name of School \_\_\_\_\_  
Country: \_\_\_\_\_

(b) Advanced Certificate of Secondary Education (A.C.S.E.)/National Form VI or equivalent\*

Subject	Grade	Date	Index No.	Subject	Grade	Date	Index No.

Examinations Authority: \_\_\_\_\_ Division: \_\_\_\_\_  
 Examination Centre/School: \_\_\_\_\_  
 Name of School \_\_\_\_\_  
 Country: \_\_\_\_\_

- (c) Give details of any qualifications other than A.C.S.E.E. (Form 6) or its equivalent, e.g. University Degree, Diploma or Certificate, etc.

<b>INSTITUTIONS</b>	<b>SUBJECTS</b>	<b>AWARD</b>	<b>GRADE</b>

\*\* It is most important that index number be given.  
 \* Copies of "O" & "A" Level/Diploma must be attached.

- (xi) Employment Record (where applicable)

<b>JOB HELD</b>	<b>NAME OF EMPLOYMENT</b>	<b>FROM</b>	<b>TO</b>

(xii) Employment Record (where applicable)

<b>JOB HELD</b>	<b>NAME OF EMPLOYMENT</b>	<b>FROM</b>	<b>TO</b>

(xiii) Employment Record (where applicable)

<b>JOB HELD</b>	<b>NAME OF EMPLOYMENT</b>	<b>FROM</b>	<b>TO</b>

**5. Undergraduate Degree Programmes of the Mzumbe University:**

Indicate in the table below, all the degree programmes for which you are applying. You should show your order of preference of degree programmes by placing a number in the appropriate spaces on the right hand side in the table. You should use figure 1 to indicate your first choice, 2 for your second, etc. You are advised to think very carefully before you fill in the table and to give full attention to your selection, bearing in mind that the University may not necessarily offer your first choice.

	<b>DEGREE COURSE</b>	<b>PREFERENCE</b>	
<b>1</b>	<b>FACULTY OF PUBLIC ADMINISTRATION AND MANAGEMENT</b>		
	Bachelor of Public Administration (BPA) (Public Services Management)		
	Bachelor of Public Administration (BPA) (Human Resources Management)		
	Bachelor of Public Administration (BPA) (Health Services Management)		
	Bachelor of Public Administration (BPA) (Local Government Management)		
<b>2</b>	<b>FACULTY OF SOCIAL SCIENCES</b>		
	Bachelor of Science (Economics) [B.Sc.Econ] Economic Policy and Planning]		
	Bachelor of Science (Economics) [B.Sc.Econ] (Project Planning & Management)		
	Bachelor of Science [(B.Sc.Econ) [Economics] (Population and Development)]		
	Bachelor of Education (B.Ed) (B.EdLM) Language and Management		
	Bachelor of Education (B.Ed) (B.EdCA) Commerce and Accountancy		
Bachelor of Education (B.Ed) (B.EdEM) Economics and Mathematics			
<b>3</b>	<b>FACULTY OF LAW</b>		
	Bachelor of Law (LLB)		
<b>4</b>	<b>FACULTY OF COMMERCE</b>		
	<b><i>Department of Accountancy and Finance</i></b>		
	Bachelor of Accounting (B.Acc) [Business Accounting and Finance]		
	Bachelor of Accounting (B.Acc) [Local Government Accounting and Finance]		
	Bachelor of Accounting (B.Acc) [Public Sector Accounting Finance and Investigation]		
	<b><i>Department of Business Administration</i></b>		
	Bachelor of Business Administration (BBA)[Marketing Management]		
	Bachelor of Business Administration (BBA [Entrepreneurship Development]		
	<b><i>Department of Procurement and Logistics</i></b>		
	Bachelor of Business Administration (BBA) [Procurement and Logistics Management]		
	<b>5</b>	<b>FACULTY OF SCIENCE AND TECHNOLOGY</b>	
		Bachelor of Science (B.Sc.) [Information and Communication Technology Management]	
Bachelor of Science (B.Sc.) Applied Statistics			
Bachelor of Science (B.Sc.) Production and Operation Management			

**6. Have you applied for admission to other Institutions?**

YES [  ]                      NO [  ]

IF YES please list names of the Institutions:

\_\_\_\_\_

\_\_\_\_\_

**7. Do you have any physical or communication disabilities (tick/whichever is applicable)**

(a) Vision/Mobility/Hearing/Others.

(b) If any of the above give details of disability

\_\_\_\_\_

\_\_\_\_\_

**8. Form IV applicants shall be required to sit for MU Admission Test.**

**Declaration:**

I declare that all information given on this form is true and correct to the best of my knowledge.

**Signature of Applicant:** \_\_\_\_\_

Date: \_\_\_\_\_

**10. Employer’s Appraisal:**

	HIGH			NORMAL			LOW		
Rating of Application	9	8	7	6	5	4	3	2	1
Knowledge of job being done									
Knowledge of whole organization									
Ability to learn									
Initiative to learn									
Co-operation									
Judgement/Common Sense									

**11. Employer’s Recommendations:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**12. Employer’s Signature:**

\_\_\_\_\_  
**(OFFICIAL STAMP)**

\_\_\_\_\_  
**(DATE)**

**13. Sponsor’s Declaration:**

(To be completed by Private Sponsors)

I hereby accept the responsibility of paying the fee and other charges for the Applicant if he/she is Binding Signature: \_\_\_\_\_

Full Name and Address of Sponsor:

\_\_\_\_\_

\_\_\_\_\_

**(Date)** \_\_\_\_\_

**NB:** Please return the complete application form to:

The Deputy Vice Chancellor,  
Mzumbe University,  
P.O. Box. 1,  
Mzumbe, Morogoro,  
TANZANIA.

Tel: 255-023-2604383/4  
Fax: 255-023-2604382  
Mobile: 0744 694029  
E-mail: [mu@mzumbe.ac.tz](mailto:mu@mzumbe.ac.tz)