APPLICATION FOR ADMISSION TO POSTGRADUATE STUDY

(A) PERSONAL DETAILS

1. Surname or Family Name

2. Other Names

3. Date of Birth  
   Day | Month | Year

Tick where applicable

4. Marital Status
   Married | Single

5. Gender Status
   Male | Female

6. Nationality

7. Postal correspondence address
   E-mail address
   Telephone
   Fax
   Telex

Disability/Special Needs

(B) PROPOSED STUDY DETAILS

9. 

Tick 

I am a member of staff of this University 

I am not a member of staff of this University

Name of the Programme

Method of study 
   Full time
   Part time

School:
Department:

Area of specialization

Please return this form to:  
   Director,
   Postgraduate Studies, Research and Publications
(C) ACADEMIC QUALIFICATIONS (OBTAINED OR EXPECTED)
Please attach transcript and/or documentary evidence of all post secondary school qualifications

<table>
<thead>
<tr>
<th>10. Name of University/College/ Other Institution</th>
<th>Dates attended</th>
<th>Main subjects</th>
<th>Award obtained (Give date and class/ Grade of award)</th>
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(D) PREVIOUS POSTGRADUATE STUDY
11. Give details of any other postgraduate study you have undertaken, with dates

(E) PROFESSIONAL AND OTHER QUALIFICATIONS
12. Name of awarding institution/body
Subjects in which award was obtained
Qualification obtained (give dates)

(F) EMPLOYMENT AND EXPERIENCE
13. Give details of your present employment (if any) and of any previous employment, including name and address of Employer(s), position held, type of work undertaken and dates starting with the most recent post/job

(G) PROFICIENCY IN ENGLISH
14. Is English your first Language?
- Yes
- No

15. If not, how do you rate your spoken & written English?
- Excellent
- Very Good
- Good
15. Give names, positions, and addresses of 3 persons who have been involved in supervising your recent academic work. If you have not been in any academic work for more than 5 years, then give names and contact particulars of your current employer and 2 academic referees who are familiar with your academic performance.

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position</td>
<td>Position</td>
<td>Position</td>
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<td>Address</td>
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<td>Phone</td>
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<td>Telex/Fax</td>
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<td>E-mail</td>
<td>E-mail</td>
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</table>

Complete the top section of each Reference Form and send one to each of your referees.

16. Give information to support your application, including reasons for applying and (if applicable) a list of your publications or academic work or professional accomplishments.

Continue on a separate sheet if necessary

17. State how you intend to finance your proposed study. Give details of any applications for grant/scholarship that you have made or been granted. If a grant/scholarship has already been awarded, please attach a copy of the award.

(Completion of this section does not constitute an application for financial support)

18. I have enclosed all documentary evidence including copies which should be sent at this stage.

19. Academic and professional qualifications Do not send original documents.

20. Financial support

21. I have forwarded all the referee-forms Provide originals during your registration.

22. I have signed the declaration below

23. I certify that the information I have given in this application is correct and complete. If I am admitted to the University I undertake to observe the University’s regulations and to ensure payment of fees and other liabilities.

Signature of Applicant …………………………………………… Date …………………………………
24. OFFER

<table>
<thead>
<tr>
<th>Conditions (please specify)</th>
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</table>

25. Recommended for Registration

<table>
<thead>
<tr>
<th>Program</th>
<th>Date of Registration</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ph.D.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>M.Sc. by Coursework/Dissertation</td>
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<tr>
<td>M.Sc. by Research/Thesis</td>
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<tr>
<td>Occasional student</td>
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<tr>
<td>Post Graduate Diploma</td>
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<tr>
<td></td>
<td>Minimum Duration of Study</td>
<td>Months</td>
<td></td>
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<table>
<thead>
<tr>
<th>Title of Course/Specialization</th>
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26. Method of study

<table>
<thead>
<tr>
<th>Method</th>
<th>Full time</th>
<th>Part time</th>
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27. For research students only

Supervisor:

28. REJECT

<table>
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<tr>
<th>Reason</th>
<th>Other</th>
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</thead>
<tbody>
<tr>
<td>Inadequate qualifications</td>
<td></td>
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<tr>
<td>Places already filled</td>
<td></td>
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<tr>
<td>Course/research facilities not available</td>
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</table>

Signature ___________________________________________ Date
Chairman, School Higher Degrees Committee

29. Decision of the Senate Higher Degrees Committee

<table>
<thead>
<tr>
<th>Decision</th>
<th>Reasons</th>
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<tbody>
<tr>
<td>Admit</td>
<td></td>
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<tr>
<td>Admission rejected</td>
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<tr>
<td>Admit subject to</td>
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</table>

ARDHI UNIVERSITY

SCHOOL:
FOR APPLICANT’S USE

Please print your name and course applied for below, and then send the form to your referee.

Name: ……………………………………………………………………………………………………………………….. (Family name, forename)

Degree applied for:  Postgraduate Diploma, M.Sc. /PhD.*
*Please delete as appropriate

Area of specialization ……………………………………………………………………………………………

OR

Research topic …………………………………………………………………………………………………………..

FOR REFEREE’S USE

The above candidate is applying to the Ardhi University for admission to postgraduate study in the School of …………………………………………………………….. Department of ………………………………………. Ardhi University (ARU) and it would be of great assistance to the University in considering his/her application if you would kindly complete this form or attach a reference addressing these questions on your own notepaper. Any information you give will be strictly confidential.

1. For how long and in what capacity have you known the applicant?

2. What is your assessment of the applicant’s intellectual ability? (It would be helpful to indicate whether you consider the class of degree achieved fairly represented his/her academic calibre)

3. In your opinion is the applicant suitably motivated towards and suitable for postgraduate study? What do you consider to be hi/her principal qualities and weaknesses?

4. If you wish to add further information you feel may be relevant please do so here or add an additional sheet.
Referee's Signature: ……………………………………………….. Date: ………………………………

Name & Position ……………………………………………………………
Address: ………………………………………………………………………

………………………………………………………………………
………………………………………………………………………
………………………………………………………………………

Telephone: Fax:

E-mail:

Please send the completed form to:
Director,
Postgraduate Studies, Research and Publications,
Ardhi University,
P.O. Box 35176,
Dar es Salaam, Tanzania

Tel. (022) 2775472 Fax: 2775391; E-mail: pgsrp@aru.ac.tz

APPLICANT SHOULD NOTE THE FOLLOWING:

1. Ensure that three confidential reference forms are submitted by the referees.
2. Copy of academic certificates are submitted.
3. Submit evidence of payments of application fees.