# ARU /PG.F 1 APPLICATION FORMS: GENERAL APPLICATION TO PURSUE POSTGRADUATE STUDIES

## **ARDHI UNIVERSITY**

SurnameOther names:
Date of BirthFemale/MaleCitizenship
Present Address
Personal e-mail address
Work e-mail address
Mobile Telephone Number
Work Telephone Number
Occupation
Employer (Name & Address)
Name and Address of next of kin (state relationship)
Postgraduate Degree/programme applied for
School/Institute
Department
Proposed form of study: Coursework & Dissertation/ Research & Thesis
Resident or non resident
Date of beginning studies
Name of supervisor
Expected date of completion
Name and address of financial sponsor

Name and address of THREE	academic referees*		
i)			
ii)			
iiii)			
Candidate's			
name	Signature	Date	
* Applicants must ensu	re that referees send their	references on time to respecti	ve
Deans/Directors for the a	applications to be considered.		

<sup>\*</sup> Academic referees should be people who are familiar with the candidates' work and have records of the same.

<sup>\*</sup>Applicants must attach academic transcripts and certificates

# **ARU /PG.F 2: REFFEREE LETTER OF RECOMMENDATION**

#### **ARDHI UNIVERSITY**

## **DIRECTORATE OF POSTGRADUATE STUDIES**

Name of Applic	ant		Pro	f/ Dr/Mr	rs/Ms	
The above nam	ned has applied f	for admission to	the Progran	nme		
of the School/Institute ofof the Ardhi University, Dar es						
Salaam.						
To enable us as	ssess the applica	ant's suitability fo	or the progra	amme, k	kindly eval	luate the
candidate in the	e areas mention	ed below (please	e type or pri	nt in all	cases):	
		Excellent	Very	Good	Average	Below
			Good			Average
Intellectual Ab	ility					
Maturity						
Motivation						
Diligence						
Ability to work	with others					
Other capabilities/talents worth mentioning:-						
Suitability of the candidate to pursue a postgraduate programme.						
1. Is the candidate capable of producing original work?						
YES	□ NO					
2. Has he/she pursued any similar degree/postgraduate programme that you are aware						
of?						
YES	□ NO					
3. What is the	e basis of your re	esponse in 1 abo	ve?		_	

4.	What do you consider to be the applicant's weaknesses?			
5.	For how long have you known the applicant and in what capacity			
6.	Name of Referee			
7.	Occupation			
8.	Institution			
9.	Address			
10.	Phone: E-Mail:			
Sigi	natureDate			
*No	ote to the referee: This is confidential information on the application. Kindly place the			
forr	n in an envelope, seal it and sign your name across the seal on the back of the			
env	relope. You may send it through the candidate, but it should be submitted unopened to			
the	University. Alternatively, you may send it directly to us through the address below.			
**	Note to the applicant: You must ensure that this recommendation is submitted to the			
rele	evant/School /Institute under confidential cover.			
The	e Dean/Director			
Sch	ool/Institute of			
Ard	hi University, Dar es Salaam			
P.O	D. Box 35176			
DAI	R ES SALAAM, Tanzania			
Em	ail: dprp@aru.ac.tz			