

# ARDHI UNIVERSITY



## Centre for Continuing Education

### Application Form

**Programme Name:** .....

**Course Duration:** .....

#### **Personal Data**

Name of Participant: .....  
(As it will appear on the certificate)

Address: .....  
.....

Telephone: ..... Email: .....

Signature: .....

#### **Employment Record**

Present Post: .....

Name of employer: .....

Address of employer: .....

Telephone: ..... Fax: ..... Email: .....

#### **Sponsor**

Name of Sponsor: .....

Address: .....

Telephone: ..... Fax: ..... Email: .....

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**NOTE:** please return the filled application form to the following addresses: [dcce@aru.ac.tz](mailto:dcce@aru.ac.tz), and [zolape2001@yahoo.com](mailto:zolape2001@yahoo.com)