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MOSHI UNIVERSITY COLLEGE OF CO-OPERATIVE AND BUSINESS STUDIES (MUCCoBS)

Constituent College of Sokoine University of Agriculture
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APPLICATION FORM FOR ADMISSION TO MOSHI UNIVERSITY COLLEGE PROGRAMMES

One copy of this form, when completed, must be sent to the DEPUTY PRINCIPAL – ACADEMIC, MOSHI UNIVERSITY COLLEGE OF COOPERATIVE AND BUSINESS STUDIES, P.O.BOX 474, MOSHI TANZANIA, after paying a non refundable application fee of Tshs 20,000/= through Account No. o1J/2036991800 CRDB BANK MOSHI BRANCH. (ACCOUNT NAME: MUCCoBS STUDENTS' FEE ACCOUNT).

FOR OFFICIAL USE ONLY:
APPLICATION FEE RECEIPT NO: _____ APPLICATION FORM NO: _____
APPLICANT MEETS ENTRY REQUIREMENT FOR _____ PROGRAMME

1.0 PERSONAL DETAILS

1.1 First Name (in Capital Letters) _____ Middle Name _____
Surname _____ SEX. (M/F) _____

(Note: The names entered in this form must be exactly the same as those appearing on your A.C.S.E.E – C.S.E.E. or other academic certificates.

1.2 Date of Birth (Attach Copy of Birth Certificate): _____ Place _____
Country _____ Nationality _____

1.3 Permanent Contact Address: _____

Tel: Number (Home). _____ Office _____ Mobile _____

Fax: _____ E-Mail: _____

1.4 Name and Address of Sponsor _____

Tel: Number (Home). _____ Office _____ Mobile _____

Fax: _____ E-Mail: _____

2.0 DETAILS OF NEXT OF KIN

Names (in Full) _____

Contact Address: _____

Tel: Number (Home). _____ Office _____ Mobile _____

Email Address _____ Fax No _____

3.0 PROGRAMME APPLIED FOR:

(Tick the appropriate programme you would like to be enrolled. For Degree Programmes indicate your first, second and third choice)

Certificate in Management and Accounting (CMA)		Certificate in Microfinance Management (CMF)	
Certificate in Accounting and Finance (CAF)		Certificate in Information Technology (CIT)	
Diploma in Cooperative Management and Accounting (DCMA)		Bachelor of Arts in Procurement and Supply Management (BA-PSM)	
Bachelor of Arts in Accounting and Finance (BA-AF)		Bachelor of Arts in Cooperative Management and Accounting (BA-CMA)	
Bachelor of Arts in Community Economic Development (BA-CED)		Bachelor of Arts in Microfinance and Enterprise Development (BA-MFED)	
*Postgraduate Diploma in Accounting and Finance (PGD-AF) 1. Fulltime 2. Evening		*Postgraduate Diploma in Cooperative Business Management (PGD-CBM) 1. Fulltime 2. Evening	
*Postgraduate Diploma in Community Development (PGD-CD) 1. Fulltime 2. Evening		**Postgraduate Diploma in SACCOS Management (PGD-SACCOS) 1. Fulltime 3. Distance 2. Evening	

- Note:**
- (i) Deadline for receiving dully filled Application Forms is Friday 12th June, 2009.
 - (ii) Deadline for Receiving Applications for PGG-Evening Programmes is 20th March, 2009.
 - (iii) Certificate Programmes Last for One Year; Diploma for Two Years; Degree for Three Years; Postgraduate for One Year.
 - (iv) “*” Programmes have two (2) options, i.e. Fulltime and Evening. Tick whichever is appropriate.
 - (v) “***” Postgraduate Diploma in SACCOS Management has three options (Fulltime, Evening and Distance).
 - (vi) PGD-SACCOS Distance deadline of submitting forms is 20th June, 2009.

4.0 EDUCATION BACKGROUND

4.1 Advanced Certificate of Secondary Education (A.C.S.E.E.) Form Six or Equivalent

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

Division/Class: _____ Examination Authority: _____

Examination Centre or School _____ Country: _____

4.2 Certificate of Secondary Education Examinations (C.S.E.E.)/National Form Four/or Equivalent.

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

Division/Class: _____ Examination Authority: _____

Examination Centre or School _____ Country: _____

4.3 Other Relevant Qualifications (e.g. University Degree, Diploma or Certificate etc.):

Name of University/College/Institute/Examining Board	Awards	Date Obtained

5.0 **EMPLOYMENT RECORD**

Please give details of your employment record in the table below

S/N	Name of Employer	Position Held	Dates

6.0 **DETAILS OF SPONSOR**

6.1 Indicate the sponsor for your studies:

<i>Sponsor No 1</i>		<i>Sponsor No 2</i>	
Full Name		Full Name	
Mailing Address		Mailing Address	
Telephone Number(s):		Telephone Number(s):	
Relationship:		Relationship:	

7.0 **ATTACHMENTS**

Your application form **MUST** be submitted together with the following attachments:

- Certified Copies of your Academic Certificates and Transcripts/result Slips
- Certified Copy of Birth Certificate. **Affidavit and Deed Polls NOT ACCEPTED**
- One Passport Size Photograph firmly affixed to the application forms
- Original Receipt of Application Fee/Bank Pay-in-Slip/Postal Money Order. All these should indicate the name of the **CANDIDATE** and name of **PROGRAMME** applied for.

NOTE THAT INCOMPLETE APPLICATION FORMS SHALL NOT BE PROCESSED.

8.0 **DECLARATION**

I _____ (Your full name) do hereby confirm, to the best of my knowledge, that the information given in this form AND THE ATTACHMENTS ARE correct and complete. I understand that submission of false documents/ information is a criminal offence AND PUNISHABLE IN A Court of Law.

Signature of Applicant: _____ Place _____

Date _____