



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



Constituent College of Sokoine University of Agriculture
P.O.Box 474, Sokoine Road, Moshi, Tanzania

Telephone : +255-27-2754401/3; Principal +255-27-2751833; Telefax: +255-27-2750806/2753857
Website: <http://www.muccobs.ac.tz> OR <http://www.suanet.ac.tz>

DIRECTORATE OF RESEARCH AND POSTGRADUATE STUDIES

APPLICATION FORM FOR POSTGRADUATE DEGREE PROGRAMMES 2011/12

(USE BLOCK LETTERS OR TYPESCRIPT)

This application form must be accompanied with the following:

- (i) Copies of academic transcripts
- (ii) Copies of all certificates from secondary school level
- (iii) Copy of birth certificate
- (iv) Proof of nationality for foreign applicants
- (v) Proof of payment of application fee
- (vi) Reference forms from academic referees should be enclosed in separate envelopes

Once completed this form should be sent to the Director of Research and Postgraduate Studies, Moshi University College of Cooperative and Business Studies, Box 474 Moshi – TANZANIA, after paying a non refundable application fee of **Tshs. 20,000/=** through Account No. 01J/2036991800 CRDB BANK – MOSHI BRANCH (Name of Account: MUCCoBS STUDENTS' FEE ACCOUNT). The dully filled application forms should be submitted before 20th May, 2011.

PART A PROGRAMME OF STUDY

Tick against the programme you want to apply for.

- Master of Arts in Cooperative and Community Development-(MA-CCD) ()
- Master of Arts in Procurement and Supply Management (MA-PSM) ()

PART D
EMPLOYMENT PARTICULARS

Employment history (start with the most recent)

| S/N | Name of Employer | Title/Position | Years | |
|-----|------------------|----------------|-------|----|
| | | | From | To |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PART E
ACADEMIC REFEREES

Provide names of two academic referees and ensure that they complete the attached reference form. The form should be sealed (signed on the closing envelope flaps) by the referee and returned by the applicant together with the application form.

| | Name of Referee | Address |
|------|------------------------|----------------|
| (i) | _____ | _____ |
| (ii) | _____ | _____ |

PART F
DECLARATION

I declare that the information given in this application form is complete and accurate to the best of my knowledge. Further, I understand that submission of forged documents and/or false information is a criminal offence.

Signature of applicant _____ Date _____

PART G

EMPLOYER'S RELEASE (WHERE APPLICABLE)

This is to certify that the employer shall release the applicant for studies.

Name of Organization: _____

Signature: _____ Date: _____

(Official Stamp)



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



Constituent College of Sokoine University of Agriculture
P.O.Box 474, Sokoine Road, Moshi, Tanzania

Telephone : +255-27-2754401/3:Principal +255-27-2751833;Telefax: +255-27-2750806/2753857
Website:<http://www.muccobs.ac.tz> OR <http://www.suanet.ac.tz>

DIRECTORATE OF RESEARCH AND POSTGRADUATE STUDIES

REFERENCE FORM FOR POSTGRADUATE DEGREE PROGRAMMES

Applicant's First Name _____

Other Name _____

The above named applicant has applied to the Moshi University College of Cooperative and Business Studies (MUCCoBS) for admission to the following programme:-

- (i) Master of Arts in Procurement and Supply Management (MA-PSM) []
- (ii) Master of Arts in Cooperative and Community Development (MA-CCD) []

Dear Sir/Madam,

The applicant has provided your name as referee to support his/her application for the indicated postgraduate programme. Your response will be an important contribution in assessing the applicant and will be treated in the strictest confidence.

Thank you for your cooperation.

(* The referee should be a person, who is academically familiar with the applicant, either as a teacher, research supervisor, or professional associate).

1. How long have you known the candidate and in what capacity?

2. What do you consider to be the candidate's main academic strengths?

3. What do you consider to be the candidate's main academic weaknesses?

4. Please evaluate the applicant with respect to each of the following attributes:

| Attribute | Excellent | Very Good | Good | Average | Below Average | No Information |
|--------------------------------|-----------|-----------|------|---------|---------------|----------------|
| Intellectual/academic Capacity | | | | | | |
| Oral communication ability | | | | | | |
| Writing communication ability | | | | | | |
| Ability to work independently | | | | | | |
| Perseverance | | | | | | |
| Creativity | | | | | | |

5. What is your opinion of the candidate's suitability for the programme?

6. Is there any other information you feel is relevant for this applicant?

(You may use a separate sheet if necessary)

7. Name: _____

Position: _____

Signature: _____

Date: _____

Address: _____

Mobile No. _____ E-Mail: _____

(After completing this form kindly enclose it in a sealed envelope, sign the envelope on the cover flap, and hand it over to the candidate for mailing back to the University College with the application form)