

ARCHBISHOP MIHAYO UNIVERSITY COLLEGE OF TABORA

(A Constituent College of St Augustine University of Tanzania)



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TABORA - TANZANIA

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APPLICATION FORM FOR POSTGRADUATE PROGRAMME

NOTES:

- i) This form should be completed in **BLOCK LETTERS** and returned to: **The Admissions Officer, P.O. BOX 801, Tabora, OR** the candidate may submit the forms in person to the Admissions Office.
- ii) Attach Certified Copies of (a) Your professional and academic certificates and transcripts (b) The Pay-in slip for application fee.
- iii) Applicants should deposit a non-refundable application fee of **TSH 20,000** to ARCHBISHOP MIHAYO UNIVERSITY COLLEGE OF TABORA A/C 0150382588700 CRDB BANK, TABORA BRANCH.
- iv) The names and initials entered in this form must be exactly the same as those appearing in your certificates.
- v) Attach **two (2)** copies of colour passport size photographs.

SECTION A: PERSONAL DETAILS

- i) Surname: Other Names:
- ii) Contact Address:
- iii) Telephone No: Mobile No:
- iv) Email
- v) Date of Birth: Day..... Month..... Year.....
- vi) Nationality:
- vii) Gender:
- viii) Marital Status:.....
- ix) Do you have any form of disability? Yes/No. If YES indicate the form of disability.....
.....

SECTION B: PROGRAMME APPLIED FOR

- i) Master of Educational Management and Planning []
- ii) Master of Business Administration []
- iii) Postgraduate Diploma in Education []

SECTION C: QUALIFICATIONS/EXPERIENCE

a) Academic Qualifications

Qualifications, e.g. (Certificate/Diploma/Degree)	Institution	Year of Completion	Class Obtained

b) Work Experience

Occupation	Employer	Work Station	Duration

SECTION D: REFEREES (Referees to use the forms attached)

Full name:
 Telephone number:
 Email:
 Organisation:

Full name:
 Telephone number:
 Email
 Organisation:

Full name:
 Telephone number:
 Email
 Organisation:

SECTION E: DECLARATION

I hereby declare that all the information supplied is true and no attempt has been made to mislead the university college’s admissions office. Should any cheating be discovered after my admission, the university college reserves the right to nullify the admission.

Signature Date

FOR OFFICIAL USE ONLY

SECTION F: FOR OFFICIAL USE ONLY

Recommendations:

Approved [] Not Approved [] Deferred []

Full Name: Signature

Title: Date: