



B. Advanced Certificate of Secondary Education Examinations (A.C.S.E.E) (National Form VI)

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

Examination Authority:.....

Division:.....

Examination Centre or School:.....

Country.....

C. Qualifications other than A.C.S.E.E(Form VI) or its equivalent (e.g. University Degree, Diploma or Certificate, etc

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

Examination Authority:.....

Division:.....

Examination Centre or School:.....

Country.....

A-Level Secondary Examination

Equivalent (e.g. Diploma) Qualification

**OTHER RELEVANT DEGREE/COURSES ATTENDED**

Type of Course		Type of Course	
Name of School/College		Name of School/College	
City		City	
Region		Region	

**III. EMPLOYMENT EXPERIENCE**

<b>Name of Employer 1.</b>	
Address of Employer	
Period of Employment	
Occupation	
Name of Supervisor	
<b>Name of Employer 2.</b>	
Address of Employer	
Period of Employment	
Occupation	
Name of Supervisor	

**IV. RELIGIOUS INFORMATION**

Religious affiliation		Local Religious Leader and Address	
Denomination			

#### V. FINANCIAL SUPPORT FOR STUDIES

Name of Sponsor			
Mailing Address			
City/Region/Country			
Phone Number		Fax Number	
E-mail Address			

#### VI. FAMILY INFORMATION

Name of Father		Mailing Address	
Occupation		Employer	
Educational Level		Ethnic Identity	
Name of Mother		Mailing Address	
Occupation		Employer	
Educational Level		Ethnic Identity	
Name of Spouse		Mailing Address	
Occupation		Employer	
Educational Level		Ethnic Identity	
Number of Children		Ages of Children	
Number of Brothers		Number of Sisters	

#### VII. EMERGENCY CONTACT (Provide two names and addresses)

1. Contact Name		2. Contact Name	
Relationship		Relationship	
Mailing Address		Mailing Address	
Phone Numbers		Phone Numbers	
Fax Number		Fax Number	
E-mail Address		E-mail Address	

#### VIII. PERSONAL REFERENCES

Please give names of two referees from whom information can be sought on:

- Academic Integrity and Status of Responsibility/Position

1. Reference Name		2. Reference Name	
Mailing Address		Mailing Address	
Phone Number		Phone Number	
Mobile Number		Mobile Number	
Fax Number		Fax Number	
E-mail Address		E-mail Address	

#### IX. ACADEMIC PROGRAMMES OFFERED

Indicate your preference using numbers 1, 2, 3 and 4 against the respective programme and session.

	PROGRAMME	Preference	
1.	<b>Faculty of Law</b>		
	(i) Bachelor of Laws (LLB)		<i>Morning &amp; Evening Session</i>
2	<b>Faculty of Arts and Social Sciences</b>		
	(i) Bachelor of Library and Information Studies BA-(LIS)		No Evening Session
	(ii) Bachelor of Arts in Mass Communication (BA-MC)		<i>Morning &amp; Evening Session</i>
	(iii) Bachelor of Information Management (BIM)		No Evening Session
	(iv) Bachelor of Arts with Education BA(Ed)		No Evening Session
3.	<b>Faculty of Business Administration</b>		
	(i) Bachelor of Business Administration (BBA)		<i>Morning &amp; Evening Session</i>
	(ii) Bachelor of Human Resources Management (BHRM)		<i>Morning &amp; Evening Session</i>

**XI. DISABILITY.....**

**XII. DECLARATION**

I declare that the information and documents provided are true and correct to the best of my knowledge.

Date..... Signature of applicant.....

**XI. FOR OFFICIAL USE ONLY**

Remarks.....

.....

Title:..... Signature:.....

Date:.....

**NOTE: 1.** Students should arrange for their own accommodation.

2. Please Attach:

- Certified copies of "O" level, "A" level and other certificate and transcripts.*
- A copy of application fee payment slip or receipt.*
- Two passport size photos*
- Birth Certificate*

Application fee for 2017/2018 applicants = TShs. 30,000/= . This fee is payable at the bank.  
TUDARCo Bank Account No.01J1021002200 at CRDB or NBC Acc No. 011103030931 ,Maendeleo Bank  
Acc. No .013828266011.

**This form must be completed and sent to:**

Deputy Provost for Academic Affairs,  
Tumaini University,Dar es Salaam College,  
P. O. Box 77588,  
Dar es Salaam, Tanzania.  
[www.tudarco.ac.tz](http://www.tudarco.ac.tz)