



Attach photo

UNIVERSITY OF DAR ES SALAAM REGISTRATION FORM FOR CONTINUING STUDENTS

NOTE: I: This form must be completed by every continuing student at the beginning of every semester.

II: When completed and certified by the respective College/School/Institute on behalf of the Director of Undergraduate Studies, one copy will be retained by the respective College/School/Institute and the second will be sent to the Admissions Office by the relevant College/School/Institute.

Academic year:

Semester: (Fill only if paying for a Semester)

Your Registration No:

College/School

Department

Programme

1. **Surname (or Last name)** (Block Capitals) Mr/Mrs/Miss/Ms

2. **First name** (Block Capitals)

Middle names (Block Capitals)

3. **Nationality**

4. **To be filled only if there are changes on what was stated in the first year**

i) **Marital Status**

(tick one) *Married* *Single* *Divorced* *Widowed*

ii) **Permanent Home Address** _____

iii) **Telephone Number** _____

iv) **Email Address** _____

v) **Religion** (*Christian, Muslim, Hindu etc.*) **Sect or denomination**

vi) **Hall of Residence** _____

vii) **If non-resident give** _____

(a) *Postal Address*

(b) *Residential Address*

5. Student's statement on payments made

State means testing grade (if any).....Amount directly payable by student.....
Amount already paid.....Amount remaining unpaid for the academic year.....

6. DECLARATION BY THE STUDENT

(Incorrect information may lead to serious consequences as stated in the Admission Letter, i.e. cases of impersonation of documents or forgery whenever discovered, either at registration or afterwards, will lead to automatic cancellation of admission).

- (a) I declare that to the best of my knowledge that all the information given in this form is correct.
(b) (i) **I DO HEREBY UNDERTAKE** to study diligently and to seek the truth of knowledge.
(ii) **I DO HEREBY UNDERTAKE** to obey all lawful authorities in the University, to observe the regulations of the University, **TO EXERCISE DISCIPLINE** and also to promote the good name of the University.

Signature of Student..... Date:

7. Confirmation of Fee Payment

Receipt(s) No. _____ Amount Paid _____

Balance _____

Paid fees cover One Semester Whole year (*tick one*).

Bursar _____ Date: _____

Signature and stamp

Registration Officer

I declare that on the basis of the documentary evidence available in respect of statements made in paragraphs 1 – 12 above and all other aspects, the candidate is hereby registered for one Semester/whole year (delete as appropriate).

Full name and signature

.....
Name

.....
Signature

For: Director of Undergraduate Studies

Date:

Official Stamp:

Authorization to Issue Identify Card

This is to certify thatReg. No.has satisfied payment requirements for the issuance of a(Insert whether 'Semester' or 'Whole year') identity card.

Full name and signature

.....
Name

.....
Signature

For: Director of Undergraduate Studies

Date:

Official Stamp: