#####  UDSM/PG.F1

**Attach two photographs here**

**UNIVERSITY OF DAR ES SALAAM**

***Directorate of Postgraduate Studies***

**REGISTRATION FORM FOR FIRST YEAR POSTGRADUATE STUDENTS**

(**This form must be filled in quadruplicate**)

1. Surname:

2. First and other names in full:

3. (a) Reg. No.……….....…........ (b) Sex ………. (c) Birth Date …….....…….…....

4. Place of Birth: District: ………………….....… Region: ………..........................

Country: ……………………………………………..........................…………

5. Sex:…………………….. Marital Status: …………………..........…………….....

6. Religion/Denomination: ………………………………………...............................

7. Citizenship: ……………………...............….............................................................

8. Present Address (***including Physical, postal, telephone and e-mail***)

|  |  |  |  |
| --- | --- | --- | --- |
| Physical | Postal | Telephone | E-mail |
|  |  |  |  |

9. Permanent Address (if different from above)

|  |  |  |  |
| --- | --- | --- | --- |
| Physical | Postal | Telephone | E-mail |
|  |  |  |  |

10. Occupation: ….…………………………………………...........................………

11. Employer (Name and Address) (***including Postal, telephone and e-mail***)

…..…………………..........…….………………….….........................……………

…..…………………..........…….………………….….........................……………

12. Name & Address of a contact person in case of emergency (***including Postal, telephone and e-mail***)

…..…………………..........…….………………….….........................…………

…..…………………..........…….………………….….........................……………

13. Name and Address of next of kin (state relationship) (***including Postal, telephone and e-mail***)

…..…………………..........…….………………….….........................…………

**14. Academic Records**

a) Entry qualification

|  |  |  |  |
| --- | --- | --- | --- |
| Acquire qualification (Secondary and Tertiary Education eg. Diploma/Degree) | Institute/School/College | Year attended | GPA/Class |
| 1. |  |  |  |
| 2. |  |  |  |

b) Other qualification

|  |  |  |  |
| --- | --- | --- | --- |
| Acquire qualification (Secondary/ Diploma/Certificate) | Institute/School/College | Year attended | GPA/Class/Division |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

**15. Professional/Work Experience**

 (1) Professional Training

 Name of Institution Award given Year of attendance/

 Completion

 …………………………. ………………….. ………………………

…………………………. ………………….. ………………………

 (2) Work Experience

 Post Held Employer When (Month/Year)

 …………………………. …………………… ………………………

 …………………………. …………………… ………………………

 …………………………. …………………… ………………………

**16. Personal Goals**

(State briefly your personal objectives for studying at postgraduate level)

………………………………………………………………………………………

………………………………………………………………………………………

17. Degree for which Registration is sought …....…….................…........ Duration …..

18. College/School/Institute……….......................................................…........……

Faculty:.................................................. Department:....…..........…..……..……….......

19. Proposed form of studies (√) Coursework and Dissertation….…… Thesis……..

Full Time ….…… Evening …………... Executive................ Online.……………

20. Date of beginning studies: …………..………………….............................…….…

21. Effective date of registration: …...………………….................…...............

22. Expected date of completion: ……………….…….............……….............……

23. Name and Address of Sponsor if any (***including Postal, telephone and e-mail)***: …………...........................………………....................………………..…………

…………………………………....…......................................……………...……

24. Supervisor (if already known): …………………..............….................………….

 Candidate’s signature: ………......…...............…… Date: ………………..........

**For Official Use Only**

**Comments (if any) ……………………………………………………...............……………………………**

**……………………………………………………...............………………………………**

**Name of Registration Officer ……………………………………....…..……………**

**Date ……………………………. Signature and Official Stamp ………………………**