

**MOSHI CO-OPERATIVE UNIVERSITY (MoCU)
CHUO KIKUU CHA USHIRIKA MOSHI**

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APPLICATION FORM FOR POSTGRADUATE PROGRAMMES

2018/2019

(USE BLOCK LETTERS OR TYPESCRIPT)

Once completed this form should be sent to the Director of Research and Postgraduate Studies, Moshi Co-operative University (MoCU), Box 474 Moshi – TANZANIA, after paying a non refundable application fee of **Tshs 30,000/=** through Account No. **01J2036991800 CRDB BANK MOSHI BRANCH. (ACCOUNT NAME: MoCU SAVINGS ACCOUNT) and MoCU DOLLAR ACCOUNT 02J1038874400 FOR FOREIGN APPLICANTS.**

PART A

PROGRAMME OF STUDY

Tick against the programme you want to apply for:

- (i) Doctor of Philosophy (PhD) []
- (ii) Master of Arts in Co-operative and Community Development-(MA-CCD)-Fulltime []
- (iii) Master of Arts in Co-operative and Community Development-(MA-CCD)-Evening []
- (iv) Master of Arts in Procurement and Supply Management (MA-PSM) []
- (v) Master of Business Management (MBM) – Fulltime []
- (vi) Master of Business Management (MBM) – Evening []
- (vii) Postgraduate Diploma in Co-operative Business Management (PGD-CBM) []
- (viii) Postgraduate Diploma in Community Development (PGD-CD) - Fulltime []
- (ix) Postgraduate Diploma in Community Development (PGD-CD) - Evening []
- (x) Postgraduate Diploma in Accounting and Finance (PGD-AF) - Fulltime []
- (xi) Postgraduate Diploma in Accounting and Finance (PGD-AF) - Evening []
- (xii) Postgraduate Diploma in Savings and Credit Co-operative Societies Management (PGD-SACCOS) – Fulltime, Evening and Distance Learning []

PART B

G-001

PERSONAL PARTICULARS OF THE APPLICANT

1 First Name (in Capital Letters): _____ Last Name: _____ Middle Name: _____
SEX. (M/F): _____

(Note: The names entered in this form must be exactly the same as those appearing on your A.C.S.E.E – C.S.E.E. or other academic certificates).

1.2 Date of Birth (Attach Copy of Birth Certificate): _____
Country: _____ Nationality: _____

1.3 Permanent Contact Address: _____
Tel: Number (Home): _____ Office: _____
E-Mail: _____
Place: _____ Mobile: _____

1.4 Name and Address of Sponsor: _____
Tel: Number (Home): _____ Office: _____
Fax: _____ Mobile: _____
E-Mail: _____

PART C

ACADEMIC QUALIFICATIONS

List all schools, colleges, universities or other education institutions you attended

School/College/ University	Country	DATES		Major field of study	Certificates/Diplomas/ Degrees awarded
		From	To		

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

ATTACHMENTS

This application form must be accompanied with the following:

- i. Certified copies of academic transcripts.
- ii. Certified copies of all certificates from secondary school level.
- iii. Certified Copy of Birth Certificate. **(Affidavit and Deed Polls ARE NOT ACCEPTED unless published in the government gazette.)**
- iv. Proof of nationality for foreign applicants.
- v. Original Receipt of Application Fee/Bank Pay-in-Slip/Postal Money Order. All these should indicate the name of the **CANDIDATE** and name of **PROGRAMME** applied for.
- vi. One Passport Size Photograph recently taken firmly affixed to the application form. The photograph should show your face in full for easy identification.
- vii. Reference forms from academic referees should be enclosed in separate envelopes **(This is does NOT apply for Postgraduate Diploma Applicants).**

**PART G
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 H
EMPLOYER'S RELEASE (WHERE APPLICABLE)**

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

Name of Organization: _____

Signature: _____ (Official Stamp)