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UNIVERSITY OF DAR ES SALAAM



APPLICATION FORM FOR ADMISSION TO CERTIFICATE COURSE IN COMPUTER SCIENCE OFFERED BY DEPARTMENT OF COMPUTER SCIENCE AND ENGINEERING

To be filled in duplicate and sent to: The Head of Department of Computer Science and Engineering
University of Dar es Salaam, P. O. Box 33335, Dar es Salaam, Tanzania. Email: cse@udsm.ac.tz

Session for which admission is being sought: [Evening session]

Academic year: 2017/2018

1.0 PERSONAL PARTICULARS

1.1 Surname (Block Letters):

First Name: Middle Names:

(Note: The names entered in this form must be exactly the same as those appearing on your A.C.S.E.E.-Form VI or other certificates to be used for admission.)

1.2 Sex: Male Female

1.3 Date of Birth (Attach a copy of birth certificate):

1.4 Place of Birth:

1.5 Citizenship:

1.6 Religion:

1.7 Marital Status:

1.8 Mailing Address:

1.9 Telephone Number(s): e-mail:

1.10 Do you have any kind of disability? Yes: No: If yes, specify:

(Note: This information is required in order for the University to arrange appropriate means of assisting you once admitted. It will in no way affect the decision to admit you)

2.0 EDUCATION BACKGROUND AND EMPLOYMENT RECORD

2.1 Certificate of Secondary Education Examinations (C.S.E.E.)/National Form IV/or Equivalent.

Subject	Grade	Date	Index No	Subject	Grade	Date	Index No

Examination Authority

Division:

Examination Centre or School:

Country:

2.2 Advanced Certificate of Secondary Education (A.C.S.E.E.)/National Form VI or equivalent.

Subject	Grade	Date	Index No	Subject	Grade	Date	Index No

Examination Authority

Division:

Examination Centre or School:

Country:

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

..... College/Institute:

Award:

Subject	Grade	Date	Index No	Subject	Grade	Date	Index No

Examination Authority Division:
 Examination Centre or School: Country:

2.4 Post A-Level Education

Have you attended this University/College or any other Institutions of Higher Learning before? Yes: No:

If yes, provide details in the table below.

S/N	Institution Attended	Status (Graduated/ discontinued/Absconded)	If graduated give qualification attained	Date Obtained

2.5 Employment Record

Please give details of your employment record in the table below.

S/N	Name of Employer	Post Held	Dates

3.0 APPLICATION FEE AND SPONSORSHIP

3.1 Indicate the receipt number attached to this form being a non-refundable Application fee:.....
 (Note: Original receipts must be attached to this form).

3.2 Give full name, address, relationship and a letter of commitment from your sponsor(s)..

	Full Name	Mailing Address	Tel. Number(s)	Relationship
Sponsor # 1				
Sponsor # 2				
Sponsor # 3				

Declaration

I declare that all information given in this form is correct.

Signature of Applicant: Date:

(Note: The information given in this form will be used for admission purposes only. Non-disclosure of details or provision of false information to any of the sections in this form if discovered shall render your registration with the University of Dar es Salaam cancelled.)