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UNITED REPUBLIC OF TANZANIA MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY

MU UNIVERSITY TURNAGE MM MARGELLES OR MATU

MZUMBE UNIVERSITY

DIRECTORATE OF RESEARCH, PUBLICATIONS AND POSTGRADUATE STUDIES

APPLICATION FORM FOR PhD DEGREE PROGRAMMES FOR 2025/2026

PLEASE TYPE OR PRINT IN BLOCK LETTERS

Enclosed, please, find an application form that must be duly filled during the application, NO any application will be processed if this form is not duly filled by the applicant. Please, pay special attention to the following points:

- Applicants should make sure that all parts of this application form are duly filled. Any omission may delay the processing of the application.
- All information given must be correct and accurate (e.g. titles of **awards**, names of **schools**, etc.).
- Cases of impersonation, falsification of documents or giving false/incomplete informat ion whenever discovered either at registration or afterwards, will lead to cancellation of admission and appropriate legal measures may be taken.
- Copies of degree certificates, transcripts and all other certificates must be recently certified at submission. **Please do not submit photocopies of what was/has been certified**.
- Applicants themselves should request their referees to provide reference for them. The University does not request for referees' reports on behalf of applicants.

• For International Applicants Only

Applicants whose first language is not **English** or did not go through an education system with English as the medium of instruction, will be required to prove that they have suffice command of English language to cope with postgraduate studies.

- Two reference forms are enclosed and should be filled by academic referees as instructed in Part G.
- Your application will be processed only after your file is complete with all requisite documents and information attached to it.

PART A PERSONAL PARTICULARS OF THE APPLICANT

Surname as it a	appears in your o	certificates:				
First name:		Middle Na	ames			
Sex:	[] Female	[] Male		
Mailing Addre	ess:					
Office Tel:	J	Residence Tel.:				
Fax	M	Iobile No				
E-mail						
School Leve	l			lo	,	
O-Level						
A-Level						
College (whe	re applicable)					
If you answ impairment/d assistance you	wered <u>Yes,</u> pl lisability and ho ou would war	ease provide a ow it can negative nt from the univ	detailed ly affect y versity to	explanatio your studie minimize	on of the nat s. Also explair e the effects	ture of which of the
Date of birth:	(e.g. Kasulu, K	35)	ralization _)		
	First name: Sex: Mailing Addre Office Tel: Fax E-mail Secondary Sch School Leve O-Level A-Level College (whe Marital status: Do you have as impairment/c assistance you impairment/c extra sheet). Place of birth: Nationality	First name: Sex: [Mailing Address: Office Tel: Fax M E-mail Secondary Schools and College School Level O-Level A-Level College (where applicable) Marital status: Do you have any physical impairment/disability and he assistance you would war impairment/disability to you extra sheet). Place of birth: (e.g. Kasulu, K Nationality (e.g. 02.04.198 Nationality (by b	First name:	First name:	First name:	Mailing Address: Office Tel: Residence Tel: Fax Mobile No E-mail Secondary Schools and Colleges attended School Level A-Level College (where applicable) Marital status: Do you have any physical impairment/disability? Yes []; No [] If you answered Yes, please provide a detailed explanation of the nat impairment/disability and how it can negatively affect your studies. Also explain assistance you would want from the university to minimize the effects impairment/disability to your studies. (If the space provided is not enough, you car extra sheet). Place of birth: (e.g. Kasulu, Kigoma) Date of birth: (e.g. 02.04.1985) Nationality (by birth or by naturalization)

14. Academic Training

Please, list all high schools, colleges, universities or other educational institutions you attended.

School/College/ University	Country	Yea	ırs	Major Field of Study	Certificate/Diplomas/ Degrees awarded and GPA obtained
		From	To		

PART B

WORK EXPERIENCE

You may include all types of work experience: full-time, part-time or vacation work, paid or

luntary (if applic	able) and when	n you were eng	gaged with them	l.	

PART C

EXTRA-CURRICULAR ACTIVITIES AND INTERESTS

Include hobbies, interests, membership of clubs and societies, posts of responsibility. Indicate the level and frequency to which they are pursued and what you get out of them. Don't make lists: "reading, cinema, sport" under "Interests" will not tell the university anything useful about you. Give details of the extent of these interests and any clubs, societies or achievements related to them.

	PART D	
OTHER	QUALIFICATIONS/SI	KILLS EXPERIENCE
These may include speci managed, innovation awa	fic computing skills, knowards received, etc. List que applying for or say som	owledge of foreign languages, projects you have qualifications only if they may be relevant to the aething about you as an individual: first-aid expert,
	PART E ACADEMIC REF	FEREES
level or have supervised y not possible to get two aca two academic referees is must ensure that they each	your undergraduate project ademic referees, the seco a MUST requirement) in complete the attached relaps) by the referee and	es - someone's who have taught you at university and can put your academic record in context. If and referee can (except for PhD applicants, where be an employer or a character reference. You deference form. The form should be sealed (signed eturned to the University by the applicant together
Name of Referee	Address	Affiliation (Whether academic or employer)
(i)	_	
(ii)		

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PART F

DECLARATION

Signature of applicant	Date				
EMPLOYER'S OR SPONSOR'	PART G S APPRAISA	L (WHE	RE APP	LICABI	Æ)
ating of applicant: Please, tick	1			T	T
	Excellent	Very good	Good	Poor	Very poor
Knowledge of job performed					
Ability to learn					
Personal initiative					
Co-operation and personal interaction					
Judgement and common sense					
SPONSORSHIP COMM This is to certify that Seponsored by us for the programme of the programme costs as given	of study he/she	has appl			 dertake
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DATE	NAMES	AND SI	GNATU	KE OF 1	11112 31

For the Main Campus:

DIRECTOR

Directorate of Research, Publications and Postgraduate Studies (DRPS) P. O. Box 63, MZUMBE, TANZANIA

Tel. +255 23 293120/1/2 Fax: +255 (0) 23 2604382

Mobile: +255 788795757 OR +255714737302 OR +255694344108

Email: drps@mzumbe.ac.tz

Please note:

This application should be accompanied by an application fee of Tshs. 30,000 (for Nationals) or USD 30 (for foreign applicants) **payable to the control number 994180463702 MU Income,** whose copy of pay in slip should be submitted together with these forms. For foreign students please contact the admission office for application fee payment procedures.

Dr. Nsubili Isaga

DIRECTOR
JANUARY, 2025