

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

Sokoine Road,
P.O. Box 474,
Moshi, Tanzania.
Tel:+255 272754401
Fax:+255 272750806
e-mail: info@mocu.ac.tz
Website: www.mocu.ac.tz



DIRECTORATE OF
UNDERGRADUATE STUDIES
P.O. Box 474,
Moshi, Tanzania.
Tel: +255 27 2754401
Fax: +255 27 2750806
E-mail: dus@mocu.ac.tz

APPLICATION FORM FOR ADMISSION TO MoCU UNDERGRADUATE DEGREE PROGRAMMES FOR 2017/18 ACADEMIC YEAR

One copy of this form, when completed, must be sent to the DEPUTY VICE CHANCELLOR – ACADEMIC, MOSHI CO-OPERATIVE UNIVERSITY P.O.BOX 474, MOSHI TANZANIA, after paying a non-refundable application fee of **Tshs 10,000/= for Tanzanian applicants** through Account No. **01J2036991800 CRDB BANK MOSHI BRANCH (ACCOUNT NAME: MoCU SAVINGS ACCOUNT)** and **MoCU DOLLAR ACCOUNT 02J1038874400** for Foreign Applicants or **ONLINE APPLICATION** through admissions link at www.mocu.ac.tz or osim.mocu.ac.tz

FOR OFFICIAL USE ONLY:

APPLICATION FEE RECEIPT NO: _____ APPLICATION FORM NO: _____

APPLICANT MEETS ENTRY REQUIREMENT FOR _____ PROGRAMME

1.0 PERSONAL DETAILS

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

(Note: The names entered in this form must be exactly the same as those appearing on your secondary school or other academic certificates).

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

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

1.4 Name and Address of Sponsor _____

Tel: Number (Home). _____ Office _____ Mobile _____
Fax: _____ E-Mail: _____

NOTE: Deadline for receiving dully filled Application Forms is 13/08/2017.

2.0 PROGRAMMES APPLIED FOR:

(Tick the appropriate programme you would like to be enrolled by indicating your first, second and third choice)

Bachelor of Arts in Accounting and Finance (BA-AF)		Bachelor of Arts in Human Resource Management (BA-HRM)	
Bachelor of Arts in Business Economics (BA-BEC)		Bachelor of Arts in Marketing and Entrepreneurship (BA-ME)	
Bachelor of Arts in Community Economic Development (BA-CED)		Bachelor of Laws (LLB)	
Bachelor of Arts in Co-operative Management and Accounting (BA-CMA)		Bachelor of Science in Business Information and Communication Technology (BSc. BICT)	
Bachelor of Arts in Procurement and Supply Management (BA-PSM)		Bachelor of Arts in Microfinance and Enterprise Development (BA-MFED)	

3.0 EDUCATION BACKGROUND

3.1 Advanced Certificate of Secondary Education Examination (A.C.S.E.E.) Form Six or Equivalent

Subject	Grade	Date	Index No.	Subject	Grade	Date	Index No.

Division/Class: _____ Examining Authority: _____
 Examination Centre or School _____ Country: _____

3.2 Certificate of Secondary Education Examinations (C.S.E.E.)/National Form Four/or Equivalent. – Applicant should have passed at least four subjects with a minimum of d grade.

Subject	Grade	Date	Index No.	Subject	Grade	Date	Index No.

Division/Class: _____ Examining Authority: _____
 Examination Centre or School _____ Country: _____

3.3 Other Relevant Qualifications (e.g. University Degree, Diploma or Certificate etc.)

Name of University/College/Institute/Examining Board	Awards	Date Obtained

4.0 EMPLOYMENT RECORD

Please give details of your employment record in the table below starting with the most recent one

S/N	Name of Employer	Position Held	Dates

5.0 ATTACHMENTS

Your application form **MUST** be submitted together with the following attachments:

- Certified Copies of Academic Certificates and Transcripts
- Certified Copy of Birth Certificate. **Affidavit and Deed Polls ARE NOT ACCEPTED (unless published in the government gazette)**
- Copy of a Passport for proof of applicant nationality
- One Passport Size Photograph recently taken firmly affixed to the application form. The photograph should show your face and hairline for easy identification.

6.0 DECLARATION

I _____ (Your full name) do hereby confirm, to the best of my knowledge, that the information given in this form **AND THE ATTACHMENTS ARE** correct and complete. I understand that submission of false documents/ information is a criminal offence **AND PUNISHABLE IN** a Court of Law.

Signature of Applicant: _____ Place _____
Date _____

DULLY FILLED FORMS SHOULD BE SUBMITTED TO;

**THE DEPUTY VICE CHANCELLOR - ACADEMIC
MOSHI CO-OPERATIVE UNIVERSITY (MoCU)
P.O. BOX 474
MOSHI
TANZANIA.**