

# 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](mailto:info@mocu.ac.tz)  
Website: [www.mocu.ac.tz](http://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](mailto: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 30,000/= for Tanzanian applicants** through Account No. **01J2036991800 CRDB BANK MOSHI BRANCH (ACCOUNT NAME: MoCU SAVINGS ACCOUNT)** and **MoCU DOLLAR ACCOUNT 02J1038874400 for Foreign Applicants.**

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.**