

# MOSHI CO-OPERATIVE UNIVERSITY (MoCU)

## CHUO KIKUU CHA USHIRIKA MOSHI

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### APPLICATION FORM FOR ADMISSION TO MoCU NON DEGREE PROGRAMMES FOR 2018/2019 ACADEMIC YEAR-MARCH 2019 INTAKE

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/=** 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 A.C.S.E.E – C.S.E.E. 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:

- i. Certificate in Management and Accounting and Certificate in Microfinance Management are offered both at MOSHI and KIZUMBI-SHINYANGA
- ii. Diploma in Co-operative Management and Accounting and Diploma in Microfinance Management are offered at MOSHI and KIZUMBI-SHINYANGA.
- iii. Certificate in Enterprise Development (CED) –is offered at Kizumbi (Shinyanga) only.
- iv. Certificate Programmes Last for One Year and Diploma for Two Years
- v. Deadline for receiving dully filled Application Forms is 8/03/2019

**2.0 PROGRAMMES APPLIED FOR:**

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

Certificate in Management and Accounting (CMA)-Evening Programme		Certificate in Human Resource Management (CHRM) – Evening Programme	
Diploma in Co-operative Management and Accounting (DCMA)-Evening Programme			

**3.0 SELECTED PLACE OF STUDY**

MOSHI MAIN CAMPUS	MARCH INTAKE
KIZUMBI CAMPUS-SHINYANGA	MARCH INTAKE

**4.0 EDUCATION BACKGROUND**

4.1 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: \_\_\_\_\_

4.2 Certificate of Secondary Education Examinations (C.S.E.E.)/National Form Four/or Equivalent. – YOU 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: \_\_\_\_\_

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

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

**5.0 EMPLOYMENT RECORD**

Please give details of your employment record in the table below

S/N	Name of Employer	Position Held	Dates

## 6.0 ATTACHMENTS

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

- Certified Copies of Academic Certificates and Transcripts. Result slips shall be accepted only for those who completed their studies in 2018 for form four and form six
- Certified Copy of Birth Certificate. **Affidavit and Deed Polls ARE NOT ACCEPTED (unless published in the government gazette)**
- One Passport Size Photograph recently taken firmly affixed to the application form. The photograph should show your face in full and hair line for easy identification.
- 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.

### NOTE:

- 1 **INCOMPLETE APPLICATION FORMS SHALL NOT BE PROCESSED.**
- 2 **SUBMISSION OF FALSE INFORMATION OR RECORDS SHALL LEAD TO CRIMINAL PROSECUTION.**
- 3 **ALL TANZANIAN APPLICANTS WHO HAVE COMPLETED THEIR SECONDARY EDUCATION IN A FOREIGN COUNTRY MUST ATTACH A CERTIFICATE OF TRANSLATION OF THEIR GRADES FROM NATIONAL EXAMINATION COUCIL FOR TANZANIA**

## 7.0 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.**