

MOSHI CO-OPERATIVE UNIVERSITY [MoCU]

P.O. BOX 474; MOSHI

PHOTO

FACULTY REGISTRATION FORM

FACULTY OF BUSINESS AND INFORMATION SCIENCES (FBIS)

ACADEMIC YEAR: _____:REGISTRATION NO: _____

1.0 INSERT THE NAME OF A PROGRAMME WHICH YOU ARE BEING REGISTERED

(A) DEGREE PROGRAMME – BACHELOR OF ARTS/ SCIENCE IN:

.....

(B) DIPLOMA PROGRAMME IN:

.....

(C) CERTIFICATE PROGRAMME IN:

.....

2.0 STUDENT'S PARTICULARS

2.1 Full Names: _____ [M ___ F ___]

2.2 Date of Birth: _____ Place of Birth: _____

2.3 Nationality: _____

2.4 Home Address: _____

Mobile Phone No: (1) _____ (2) _____

2.5 Name and ADDRESS of Close Relative(s): (Father, Mother, Guardian, Sponsor...):

Mobile: (1) _____ (2) _____

2.6 Religion: _____

2.7 Highest Education Level Attained Before Joining this University: - SELECT

Form Six: [] Diploma: [] Certificate: [] Form Four [] RPL []

2.8 Do you need any special arrangements, for any reason, while at the University? (Specify)

3.0 DECLARATION

I _____ (Names)

do declare the information and documents I have presented for the purpose of this registration are correct. In addition, I understand that submitting false information/documents would lead to cancellation of this registration or be charged in the Court of Law. Further, I agree that I shall abide to all Rules and Regulations of the University.

Signature: _____ Date: _____ Place _____

MOSHI CO-OPERATIVE UNIVERSITY [MoCU]

P.O. BOX 474; MOSHI

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FACULTY REGISTRATION FORM

FACULTY OF CO-OPERATIVE AND COMMUNITY DEVELOPMENT

[FCCD]

ACADEMIC YEAR: _____ :REGISTRATION NO: _____

1.0 INSERT THE NAME OF A PROGRAMME WHICH YOU ARE BEING REGISTERED

(A) DEGREE PROGRAMME – BACHELOR OF ARTS/ SCIENCE IN:

.....

(B) DIPLOMA PROGRAMME IN:

.....

(C) CERTIFICATE PROGRAMME IN:

.....

2.0 STUDENT'S PARTICULARS

2.1 Full Names: _____ [M ___ F ___]

2.2 Date of Birth: _____ Place of Birth: _____

2.3 Nationality: _____

2.4 Home Address: _____

Mobile Phone No: (1) _____ (2) _____

2.5 Name and ADDRESS of Close Relative(s): (Father, Mother, Guardian, Sponsor...):

Mobile: (1) _____ (2) _____

2.8 Religion: _____

2.9 Highest Education Level Attained Before Joining this University: - SELECT

Form Six: [] Diploma: [] Certificate: [] Form Four [] RPL []

2.8 Do you need any special arrangements, for any reason, while at the University? (Specify)

3.0 DECLARATION

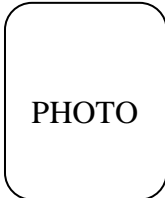
I _____ (Names)

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Signature: _____ Date: _____ Place _____

MOSHI CO-OPERATIVE UNIVERSITY [MoCU]

P.O. BOX 474; MOSHI



DIRECTORATE REGISTRATION FORM

DIRECTORATE OF CO-OPERATIVE LIBRARY AND ARCHIVES [DCLA]

ACADEMIC YEAR: _____:REGISTRATION NO: _____

1.0 INSERT THE NAME OF A PROGRAMME WHICH YOU ARE BEING REGISTERED

(A) DEGREE PROGRAMME – BACHELOR OF ARTS/ SCIENCE IN:

.....

(B) DIPLOMA PROGRAMME IN:

.....

(C) CERTIFICATE PROGRAMME IN:

.....

2.0 STUDENT'S PARTICULARS

2.1 Full Names: _____ [M ___ F ___]

2.2 Date of Birth: _____ Place of Birth: _____

2.3 Nationality: _____

2.4 Home Address: _____

Mobile Phone No: (1) _____ (2) _____

2.5 Name and ADDRESS of Close Relative(s): (Father, Mother, Guardian, Sponsor...):

Mobile: (1) _____ (2) _____

2.10 Religion: _____

2.11 Highest Education Level Attained Before Joining this University: - SELECT

Form Six: [] Diploma: [] Certificate: [] Form Four [] RPL []

2.8 Do you need any special arrangements, for any reason, while at the University? (Specify)

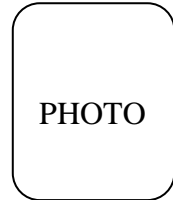
3.0 DECLARATION

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Signature: _____ Date: _____ Place _____

MOSHI CO-OPERATIVE UNIVERSITY [MoCU]

P.O. BOX 474; MOSHI



INSTITUTE REGISTRATION FORM

INSTITUTE OF CONTINUING CO-OPERATIVE EDUCATION [ICCE]

ACADEMIC YEAR: _____ :REGISTRATION NO: _____

1.0 INSERT THE NAME OF A PROGRAMME WHICH YOU ARE BEING REGISTERED

(A) DEGREE PROGRAMME – BACHELOR OF ARTS/ SCIENCE IN:

.....

(B) DIPLOMA PROGRAMME IN:

.....

(C) CERTIFICATE PROGRAMME IN:

.....

2.0 STUDENT'S PARTICULARS

2.1 Full Names: _____ [M ___ F ___]

2.2 Date of Birth: _____ Place of Birth: _____

2.3 Nationality: _____

2.4 Home Address: _____

Mobile Phone No: (1) _____ (2) _____

2.5 Name and ADDRESS of Close Relative(s): (Father, Mother, Guardian, Sponsor...):

Mobile: (1) _____ (2) _____

2.12 Religion: _____

2.13 Highest Education Level Attained Before Joining this University: - SELECT

Form Six: [] Diploma: [] Certificate: [] Form Four [] RPL []

2.8 Do you need any special arrangements, for any reason, while at the University? (Specify)

3.0 DECLARATION

I _____ (Names)

do declare the information and documents I have presented for the purpose of this registration are correct. In addition, I understand that submitting false information/documents would lead to cancellation of this registration or be charged in the Court of Law. Further, I agree that I shall abide to all Rules and Regulations of the University.

Signature: _____ Date: _____ Place _____