

**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 RESEARCH AND
POSTGRADUATE STUDIES P.O.
Box 474,
Moshi, Tanzania. Tel:
+255 27 25754403
Fax: +255 27 25750806
E-mail: drps@mocu.ac.tz

**JOINT MOCU – DAAD APPLICATION FORM FOR
POSTGRADUATE PROGRAMMES (USE BLOCK LETTERS OR
TYPESCRIPT)**

Once completed this form should be sent to the Director of Research and Postgraduate Studies, Moshi Co-operative University (MoCU), 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)**

**PART A
PROGRAMME OF STUDY**

Tick against the programme you want to apply for:

- (i) Doctor of Philosophy (Ph.D.) []
- (ii) Master of Arts in Co-operative and Community Development (MA-CCD) []
- (iii) Master of Arts in Procurement and Supply Management (MA-PSM) []
- (iv) Master of Business Management (MBM) – Fulltime []

PART B

G-001

PERSONAL PARTICULARS OF THE APPLICANT

1 First Name: _____ Last 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): _____
Country: _____ Nationality: _____

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

1.4 Name and Address of Sponsor: _____
Tel: Number (Home): _____ Office: _____
Fax: _____ Mobile: _____
E-Mail: _____

PART C

ACADEMIC QUALIFICATIONS

List all schools, colleges, universities or other education institutions you attended

School/College/ University	Country	DATES		Major field of study	Certificates/Diplomas/ Degrees awarded
		From	To		

EMPLOYMENT PARTICULARS

Employment history (start with the most recent)

S/N	Name of Employer	Title/Position	Years	
			From	To

PART E

ACADEMIC REFEREES

Provide names of two academic referees and ensure that they complete the attached reference form. The form should be sealed (signed on the closing envelope flaps) by the referee and returned by the applicant together with the application form.

	Name of Referee	Address
(i)	_____	_____
(ii)	_____	_____

PART F

ATTACHMENTS

This application form must be accompanied with the following:

- i. Certified copies of academic transcripts.
- ii. Certified copies of all certificates from secondary school level.
- iii. Certified Copy of Birth Certificate. **(Affidavit and Deed Polls ARE NOT ACCEPTED unless published in the government gazette.)**
- iv. Proof of nationality for foreign applicants.
- v. 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.
- vi. One Passport Size Photograph recently taken firmly affixed to the application form. The photograph should show your face in full for easy identification.
- vii. Reference forms from academic referees should be enclosed in separate envelopes **(This does NOT apply for Postgraduate Diploma Applicants).**

viii. **For Masters Candidates**

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- Letter of motivation (Maximum 2 pages in PDF)
- Academic reference from Senior Lecturer and proof of employment

ix. **For Ph.D Candidates**

- Ph.D. research proposal including a detailed work plan (10 to 15 pages); plagiarism will be checked. Word format to be emailed to: drps@mocu.ac.tz
- Recommendation letter by head of the department indicating that you are a present or prospective member of staff and how you will be integrated into the staff development agenda of the university (scanned PDF copy)
- Confirmation of study leave from your university (if applicable; scanned PDF copy)
Confirmation of teaching release (University staff members only; scanned PDF copy)

**PART G
DECLARATION**

I declare that the information given in this application form is complete and accurate to the best of my knowledge. Further, I understand that submission of forged documents and/or false information is a criminal offence.

Signature of applicant _____ Date _____

**PART H
EMPLOYER'S RELEASE (WHERE APPLICABLE)**

This is to certify that the employer shall release the applicant for studies.

Name of Organization: _____

Signature: _____ (Official Stamp)