



**MOSHI UNIVERSITY COLLEGE OF  
CO-OPERATIVE AND BUSINESS STUDIES (MUCCoBS)**  
A Constituent College of Sokoine University of Agriculture



**DIRECTORATE OF RESEARCH AND POSTGRADUATE STUDIES**

Sokoine Road,  
P.O. Box 474,  
MOSHI. TANZANIA.  
Tel: +255 27 2751833  
Fax: +255 27 2750806  
E-mail: [principal@muccobs.ac.tz](mailto:principal@muccobs.ac.tz)  
Website: [www.muccobs.ac.tz](http://www.muccobs.ac.tz)

Sokoine Road,  
P.O. Box 474,  
MOSHI. TANZANIA.  
Tel: +255 27 2754403  
Fax: +255 27 2750806  
E-mail: [drps@muccobs.ac.tz](mailto:drps@muccobs.ac.tz)  
Website: [www.muccobs.ac.tz](http://www.muccobs.ac.tz)

**APPLICATION FOR RESEARCH ASSOCIATESHIP**

1. First Name: .....  
Other names:.....  
Nationality : .....  
Qualifications:.....  
*\*(Attach copies of Certificates, Transcript and Birth Certificate)*
2. Institution of affiliation (to attach letter of recommendation)  
.....
3. Source of funds (to attach letter of approval).....
4. Estimated period of Research:.....  
Date of commencement:.....  
Date of completion:.....
5. Field and Topic of Research:.....  
.....  
.....
6. Research objectives;.....  
.....  
.....
7. Location of Research (e.g. Region, District, etc).....
8. Access sought:  
(a) Public records: Yes/No  
If Yes, which records?.....  
(b) Interview with Government officers: Yes/No  
If yes, which classes of Government officers?.....  
(c) Interview with members of the public: Yes/No  
If yes, on what subjects, where and how will they be selected?.....  
.....
9. Please attach:  
(a) Short description of your research proposal; one page in length (3 copies)  
(b) Your curriculum vitae (three copies)  
(c) Names and addresses of two referees  
(d) Name and address of contact person in case of emergency

10. Declaration by applicant:  
I have read and agree to abide by the regulations and guidelines for research associate ships at Moshi University College of Co-operative and Business Studies if my application is approved. I will also abide to all the relevant rules and regulations of the University College and other Laws of the Land in the course of undertaking the study with discretion while in Tanzania.

Signature:..... Date:.....

**11. FOR OFFICIAL USE ONLY**

- (a) Recommended/not recommended by the Board of the Faculty/Institute of:
- (b) Local contact persons(s) nominated:
- (c) I confirm that the Board of the Faculty/Institute of has recommended/not recommended this application for approval.

**Signed: (Dean/Director)..... Date:.....**

- (d) Recommended for approval by Postgraduate and Committee:

**Signed: (Director)..... Date:.....**

- (e) Approved by Senate

**Signed: Principal: ..... Date:.....**

---

---

**Please Note that:**

- (a) Applications must be submitted at least ONE month prior to the intended period of commencement of research, and
- (b) Research associate ship will be awarded for a period not exceeding one year. .
- (c) Applications for renewal should be submitted to the University College at least two months before the expiry of the registration.
- (d) Applicants should not arrive in Tanzania before receiving a letter from the University College, formally according them the status of Research Associate.
- (e) Details on Regulations and Guidelines for Research Associate ships can be found in the Research Associate ship brochure at the Moshi University College of Co-operative and Business Studies or at our Website: [www.muccobs.ac.tz](http://www.muccobs.ac.tz)