

# MOSHI CO-OPERATIVE UNIVERSITY (MoCU) CHUO KIKUU CHA USHIRIKA MOSHI

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DIRECTORATE OF RESEARCH AND  
POSTGRADUATE STUDIES  
P.O. Box 474,  
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## APPLICATION FOR RESEARCH ASSOCIATESHIP

1. Surname:.....  
Other names.....  
Nationality:.....  
Qualifications:.....
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 .....if my application is approved. I also abide to conduct myself 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 Senate Research and Publications Committee:

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

- (e) Approved by Senate

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

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**Please Note that:**

- (a) Applications must be submitted at least four months prior to the intended period of commencement of research, and
- (b) Research associate ship will be awarded for a period not exceeding one year. Applications for period of less than two months will be considered also depending on the type of intended work.
- (c) Applications for renewal should be submitted to the University at least two months before the expiry of the registration.
- (d) Applications should not arrive in Tanzania before receiving a letter from the University, 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.
- (f) One copy of this form, when completed, must be sent to the VICE CHANCELLOR – ACADEMIC, MOSHI CO-OPERATIVE UNIVERSITY, P.O.BOX 474, MOSHI TANZANIA, after paying a non refundable application fee of USD \$ 20 through Account No.01J2036991800 CRDB BANK MOSHI BRANCH. (ACCOUNT NAME: MUCCoBS SAVINGS ACCOUNT) and MUCCoBS DOLLAR NA.ACCOUNT 02J1038874400 FOR FOREIGN APPLICANTS