

UNITED REPUBLIC OF TANZANIA



MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY

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


DIRECTORATE OF RESEARCH AND POSTGRADUATE STUDIES

P. O. Box 474, Moshi, Tanzania, Tel: +255 272754805,

Email: drps@mocu.ac.tz, Website: www.mocu.ac.tz

APPLICATION FORM FOR POSTGRADUATE PROGRAMMES

(USE UPPER CASE/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 40,000/= (PGDs & Master's Applicants) and Tshs 50,000 (for PhD Applicants)**. Applicants from other East Africa Community Member States (i.e., Kenya, Uganda, Burundi, South Sudan & Rwanda) should pay the same amount as Tanzanians. All other foreign applicants should pay an application fee of **USD 20 (PGDs & Master's Applicants) and USD 25 (for PhD Applicants)**. All fees are payable to the Moshi Co-operative University (MoCU), Box 474 Moshi - TANZANIA. For more information contact 0755891062, 0754895098 and to get control number for paying the application fee please call 0625445651, 0716283062 or 0782859735.

PART A

PROGRAMME OF STUDY

Tick against the programme you want to apply for:

- | | |
|---|-----|
| (i) Doctor of Philosophy (PhD) | [] |
| (ii) Master of Arts in Co-operative and Community Development-(MA- CCD)-Fulltime | [] |
| (iii) Master of Arts in Co-operative and Community Development-(MA-CCD)-Evening | [] |
| (iv) Master of Arts in Procurement and Supply Management (MA-PSM) | [] |
| (v) Master of Business Management (MBM) – Fulltime | [] |
| (vi) Master of Business Management (MBM) – Evening | [] |
| (vii) Postgraduate Diploma in Savings and Credit Co-operative Societies Management (PGD-SACCOS) – Distance Learning | [] |
| (viii) Postgraduate Diploma in Accounting and Finance (PGD-AF) | [] |
| (ix) Postgraduate Diploma in Community Development (PGD-CD) | [] |
| (x) Postgraduate Diploma in Co-operative Business Management (PGD-CBM) | [] |

PART D

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**).

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)

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

DIRECTORATE OF RESEARCH AND POSTGRADUATE STUDIES

REFERENCE FORM FOR POSTGRADUATE DEGREE PROGRAMMES

Applicant's First Name _____

Other Name _____

The above-named applicant has applied to the Moshi Co-operative University (MoCU) for admission to the following programme: -

- (i) Doctor of Philosophy (PhD) []
- (ii) Master of Arts in Co-operative and Community Development-(MA- CCD)-Fulltime []
- (iii) Master of Arts in Co-operative and Community Development-(MA-CCD)-Evening []
- (iv) Master of Arts in Procurement and Supply Management (MA-PSM) []
- (v) Master of Business Management (MBM) – Fulltime []
- (vi) Master of Business Management (MBM) – Evening []
- (vii) Postgraduate Diploma in Savings and Credit Co-operative Societies Management (PGD-SACCOS) – Distance Learning []
- (viii) Postgraduate Diploma in Accounting and Finance (PGD-AF) []
- (ix) Postgraduate Diploma in Community Development (PGD-CD) []
- (x) Postgraduate Diploma in Co-operative Business Management (PGD-CBM) []

Dear Sir/Madam,

The applicant has provided your name as referee to support his/her application for the indicated postgraduate programme. Your response will be an important contribution in assessing the applicant and will be treated in the strictest confidence.

Thank you for your cooperation.

(*The referee should be a person, who is academically familiar with the applicant, either as a teacher, research supervisor, or professional associate).

1. How long have you known the candidate and in what capacity?

2. What do you consider to be the candidate's main academic strengths?

3. What do you consider to be the candidate's main academic weaknesses?

4. Please evaluate the applicant with respect to each of the following attributes:

Attribute	Excellent	Very Good	Good	Average	Below Average	No Information
Intellectual/academic capacity						
Oral communication ability						
Writing communication ability						
Ability to work independently						
Perseverance						
Creativity						

5. What is your opinion of the candidate's suitability for the programme?

6. Is there any other information you feel is relevant for this applicant?

(You may use a separate sheet if necessary)

1. Name: _____ Relation with Applicant:

2. Signature: _____

3. Date: _____ Address: _____

Mobile No: _____ Email: _____

(After completing this form kindly enclose it in a sealed envelope, sign the envelope on the cover flap, and hand it over to the candidate for mailing back to the University with the application form)