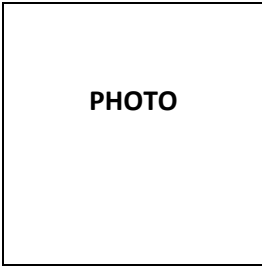




Sebastian Kolowa Memorial University

SEKOMU



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P. O. Box 370, Lushoto,

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TANZANIA.

Website: www.sekomu.ac.tz

APPLICATION FORM FOR ADMISSION INTO DIPLOMA AND CERTIFICATE PROGRAMMES FOR THE ACADEMIC YEAR 2017/2018

Please fill out in **BLOCK LETTERS** or typescript and send it to:

**REGISTRAR,
SEBASTIAN KOLOWA MEMORIAL UNIVERSITY (SEKOMU),
P.O.Box 370, Lushoto, Tanzania.**

Carefully read the admission requirements before filling this form.

Applicants should pay a non refundable fee of Ten thousand shillings (T.Shs.10, 000) direct to the SEKOMU's Bank Account NMB SEKOMU PROJECT A/C No.41603300065, CRDB A/C No. 01J1098857100 and attach the Bank Pay in-Slip to the filled in application form as evidence of payment of application fee.

Application forms that will not be accompanied by such evidence and all other incomplete applications will not be considered. Application forms dully filled in should be returned to the University address above not later than **20th August 2017.**

Programme applied for:Academic Year :.....(e.g.2017/2018)

1.0 PERSONAL PARTICULARS:

1.1 Surname:

First name:

Middle Name: (Note: The names entered in this form must be exactly

the same as those appearing on your secondary School O-Level certificates)

1.2 Sex: Male/Female.....

1.3 Date of birth:

1.4 Place of Birth: 1.5 Religion:.....

1.6 Marital Status:..... 1.7 Citizenship

1.8 District: 1.9 Region:

1.10 Postal Address:

1.11 Telephone Number(s):

E-mail:

1.12 Do you have any kind of disability? Yes /No. If yes, please specify:

.....

(Note: This information is required for the Institution to arrange the appropriate means of assisting you once admitted. It will in no way affect the decision to admit you)

2.0 EDUCATION BACKGROUND :

2.1 Certificate of Secondary Education Examinations (CSEE)/National Form IV/or Equivalent (*Attach copy of certificate*)

2.2 Certificate of Advanced Secondary Education examination (ACSEE)/National Form VI/or Equivalent (*Attach a copy Certificate on the form*).

2.3 Other courses (*Attach a copy Certificate on the form*).

INSTITUTION	COURSE OF STUDY	YEAR OF STUDY	AWARD

3.0 EMPLOYMENT RECORD:

JOB HELD	NAME OF EMPLOYER	FROM	TO

4.0 SPONSORSHIP AND APPLICATION FEE:

4.1 Sponsor:

.....

4.2 Indicate the applicant's name as written in the Bank-Pay-in-Slip of the non refundable application fee:

.....

(Note: The original Pay-in Slip must be attached to this form)

4.3 Give full name, address, relationship and a letter of comment from your sponsor(s).

5.0 DIPLOMA AND CERTIFICATE PROGRAMMES

Indicate your preferred programme of study by placing a tick on the left hand side.

	PROGRAMME	Preference
1	FACULTY OF LAW AND BUSINESS STUDIES	
	Diploma in Law (DL)- Tanga Centre () Magamba main campus ()	
	Diploma in Business Administration (DBA)-Tanga Centre ()	
	Diploma in Accounting and Finance (DAF)- Tanga centre ()	
	Certificate in Law (CL)- Tanga Centre () Magamba main campus ()	
	Basic Certificate in Business Administration (CBA)- Tanga Centre ()	
	Basic Certificate in Accounting and Finance (BCAF)- Tanga centre ()	
2	FACULTY OF EDUCATION	
	Diploma in Theology – Lushoto	
3	FACULTY OF SCIENCE	
	Basic Technician Certificate in Community Healthy(NTA-Level 4) - Bumbuli Centre ()	
	Technician Certificate in Clinical Medicine(NTA-Level4) - Bumbuli Centre()	
	Diploma in Clinical Medicine- Bumbuli Centre ()	
	Diploma in Clinical Medicine Upgrading - Bumbuli Centre ()	

6.0 DECLARATION

I declare that all information given on this form is true and correct to the best of my knowledge.

Signature of Applicant:

Date:

Note 1: (The information given in this form will be used for admission purpose only. Non disclosure of details or provision of false information to any of the section in this form, if discovered, shall render your registration with Sebastian Kolowa Memorial University cancelled).

Note 2: Important Attachments:

- i Certified copies of relevant academic certificates
- ii NECTA equivalence translations (for those with foreign Secondary certificates)
- iii Certified copy of Birth Certificate
- iv Original Bank Pay-in-slip of Application fee
- v Affixed coloured recent photo

FOR OFFICAL USE ONLY

Application form has been received by the Admission Officer, Sebastian Kolowa Memorial University

Name of Officer:

Signature:Date:

Decision by the Pre-Selection Committee:

.....

Decision by the Academic Affairs Committee:.....