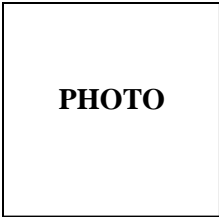




**Sebastian Kolowa**  
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**SEKOMU**



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**APPLICATION FORM FOR ADMISSION INTO THE MASTER OF EDUCATION IN SPECIAL EDUCATION  
(M.Ed.SPED) DEGREE PROGRAMME (2017/2018)**

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

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

This form has THREE (3) pages.

**Applicants should pay a non refundable fee of thirty thousand shillings (TZS. 30,000) directly to SEKOMU's Bank Account (NMB SEKOMU A/C No.41603300065 or 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.**

Incomplete applications will not be considered. Application forms duly filled in should be returned to the University address above **not later than 15<sup>th</sup> September 2017.**

**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 appropriate means of assisting you once admitted. It will in no way affect the decision to admit you).

**2.0 EDUCATION AND EMPLOYMENT BACKGROUND :**

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

Subject	Grade	Date (from/to)	Index No.

Examination Authority: .....Division: .....  
 Examination Centre or School: ..... Country: .....

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

Subject	Grade	Date (from/to)	Index No.

Examination Authority: .....Division: .....  
 Examination Centre or School: .....Country: .....

2.3 Degree award(s)

INSTITUTION	PROGRAMME OF STUDY	YEAR OF GRADUATION	NAME OF AWARD

2.4 Other awards

INSTITUTION	PROGRAMME OF STUDY	YEAR OF GRADUATION	NAME OF AWARD

2.5 Employment

JOB HELD	NAME OF EMPLOYER	SINCE	UNTIL

**3.0 SPONSORSHIP AND APPLICATION FEE:**

3.1 Name of Sponsor:

.....

3.2 Indicate your 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)

3.3 Give full address, relationship and a confirmation letter from your sponsor(s).

.....  
.....

**4.0 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 equivalent 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 :.....