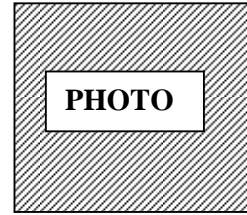




SOKOINE UNIVERSITY OF AGRICULTURE
OFFICE OF THE DEPUTY VICE CHANCELLOR (ACADEMIC)
P.O. Box 3000, CHUO KIKUU, MOROGORO
TANZANIA

Tel. +255-23-2603511/4, Dir. +255-23-2603236; Fax. +255-23-2604652
 E-mail: dvc@suanet.ac.tz or admission@suanet.ac.tz, dvc.academic@yahoo.com



REGISTRATION FORM FOR NON-DEGREE PROGRAMMES CANDIDATES

1. SURNAME (UPPER CASE LETTERS).....		
2. FIRST NAME IN FULL (UPPER CASE LETTERS).....		
3. MIDDLE NAMES IN FULL (UPPER CASE LETTERS).....		
4. DIPLOMA / CERTIFICATE PROGRAMME		
5. REGISTRATION No.		
NOTE: The name in which you will be registered shall be that which appears on your National form VI School Certificate or equivalent document Put [<input type="checkbox"/>] in the respective bracket		
6. Date of Birth: / / /		7. Place of Birth: (Town or District and Country)
8. Religion:	9. Marital status: Married [<input type="checkbox"/>]	Single [<input type="checkbox"/>]
10. Sex: Male [<input type="checkbox"/>] Female [<input type="checkbox"/>]	11. Citizenship:	12. Country of Residence:
13. Contact Address		14. Employers Name
Physical Address		Contact Address
Email Address		Telephone No:
Mobile No.		Email Address:
15. Name of next of kin:		
Occupation:		
Relationship:		Email Address:
Full address:		Fax No.:
Tel. No.:		Mobile No.:
16. Give details of further courses of study (if any)		Name of Award
1. Certificate		Grade attained (Dist. Credit, Pass):
Institution		
2. Diploma		
Institution		
17. Do you have any communication disabilities? YES/NO (if any indicate the disability.....)		
18. Category of studentship (tick the appropriate one):		
(i) Direct entrant (using A level qualifications)		
(ii) Equivalent student		
19. Have you been officially released by your employer? YES/NO (where applicable) If yes, attach the documentary evidence		
20. Financial Sponsor		
Name of Sponsor:		
Address of Sponsor		
21. Do you have any medical disability/problem? YES/NO (indicate the problem if any (attach evidence)		
22. What are your extra curricular activities? Indicate		
23. STATEMENT BY APPLICANT:		
I certify that the information given above is true and correct to the best of my knowledge.		
Signature of Applicant:		Date: