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D.R. _____
E.C. _____ S. _____
D.E. _____

TUMAINI UNIVERSITY MAKUMIRA

Application form for Admission for Academic Year 2019-2020 programmes.

Please Write in BLOCK Letters

I. PERSONAL INFORMATION

Surname		Mailing Address	
First Name			
Middle Name		City	
		Region	
Gender		Country	
Marital Status		Phone Number	
Date of Birth		Mobile Number	
Place of Birth		Fax Number	
Nationality		E-mail Address	

II. EDUCATION INFORMATION

O-Level School			A-Level School		
Name of School			Name of School		
Index Number & Year		Year	Index Number & Year		Year
Mailing Address			Mailing Address		
City			City		
Region			Region		
OTHER RELEVANT DEGREE/COURSES ATTENDED					
Type of Course			Type of Course		
Name of School/College			Name of School/College		
City			City		
Region			Region		

III. EMPLOYMENT EXPERIENCE

1.	Name of Employer	
	Address of Employer	
	Period of Employment	
	Occupation	
	Name of Supervisor	
2.	Name of Employer	
	Address of Employer	
	Period of Employment	
	Occupation	
	Name of Supervisor	

IV. RELIGIOUS INFORMATION

Religious affiliation		Local Religious Leader and Address	
Denomination			

V. FINANCIAL SUPPORT FOR STUDIES

Name of Sponsor			
Mailing Address			
City/Region,			
Country			
Phone Number		Fax Number	
E-mail Address			

VI. FAMILY INFORMATION

Name of Father		Mailing Address	
Occupation		Employer	
Educational Level		Ethnic Identity	
Name of Mother		Mailing Address	
Occupation		Employer	
Educational Level		Ethnic Identity	
Name of Spouse		Mailing Address	
Occupational		Employer	
Educational Level		Ethnic Identity	
Number of Children		Ages of Children	
Number of Brothers		Number of Sisters	

VII. EMERGENCY CONTACT (Provide two names and addresses)

1. Contact Name		2. Contact Name	
Relationship		Relationship	
Mailing Address		Mailing Address	
Phone Number		Phone Number	
Mobile Number		Mobile Number	
Fax Number		Fax Number	
E-mail Address		E-mail Address	

VIII. PERSONAL REFERENCES

Please give names of two referees from whom information can be sought on:

- Academic Integrity.
- Status of Responsibility/Position

1. Reference Name		2. Reference Name	
Mailing Address		Mailing Address	
Phone Number		Phone Number	
Mobile Number		Mobile Number	
Fax Number		Fax Number	
E-mail Address		E-mail Address	

IX. ACADEMIC PROGRAMMES

Indicate your preference using numbers 1, 2 and 3 next to the respective programme

PROGRAMMES OFFERED AT TUMAINI UNIVERSITY MAKUMIRA

	Faculty/ Department/Programme	Preferenc
	FACULTY OF THEOLOGY	
1	Bachelor of Divinity	
2	Master of Theology (Old Testament, New Testament, Systematic Theology, Church History, Missiology, Pastoral Care and Counseling, Health and Gender, Pastoral Care, and Counseling and HIV/AIDS Prevention).	
3	Doctor of Philosophy in Theology	
	FACULTY OF EDUCATION HUMANITIES AND SCIENCE	
1	Bachelor of Arts with Education (Two teaching subjects from History, Geography, Kiswahili, English and French)	
2	Bachelor of Education (two teaching subjects from History, Geography, Kiswahili, English)	
3	Bachelor of Education in Mathematics	
4	Bachelor of Education in Primary Education	
5	Bachelor of Education in Early Childhood Education	
6	Bachelor of Counselling	
7	Master of Education (Educational Management).	
8	Basic Technician Certificate in Business Administration	
9	Basic Technician Certificate in Accountancy	
10	Basic Technician Certificate in Computing and Information Communication Technology	
11	Basic Technician Certificate in Music	
12	Ordinary Diploma in Business Administration	
13	Ordinary Diploma in Accountancy	
14	Ordinary Diploma in Information Communication Technology	
15	Ordinary Diploma in Music	
	FACULTY OF LAW	
1	Certificate in Law	
2	Diploma in Law	
3	Bachelor of Laws	
4	Master of Laws(Human Rights , International Laws with International Relations)	
	MODE OF STUDY (tick only one)	
	EVENING CLASS (for postgraduate studies)	
	FULL TIME CLASS	

X. DECLARATION

I declare that the information and documents provided are true and correct to the best of my knowledge.

Date..... Signature of applicant.....

XI. FOR OFFICIAL USE ONLY

Remarks.....

.....

.....

Title:..... Signature:.....

Date:.....

NOTE:

- 1. Students should arrange for their own accommodation**
- 2. Please complete pages 1-5 and also attach:**
 - o *Certified copies of “O” level, “A” level and other courses certificate, transcripts and AVN.*
 - o *Application fee payment slip or receipt (see below for details)*
 - o *One RECENT passport size photo*
- 3. For more information about admissions requirements please see the current information from our website (www.makumira.ac.tz) of Tumaini University Makumira.**

There is a non-refundable application fee of Tshs 10,000.

Payment must be made to the University's bank account and payment slip must be attached with your form.

**Bank name: CRDB BANK PLC
Branch: USA RIVER
Account Name: Tumaini University Makumira
Account number: 0150406251401**

Please send the above materials to:

**Registrar
Tumaini University Makumira
P. O. Box 55 Usa River
Arusha, Tanzania**

FORM FOR MEDICAL EXAMINATION
To be completed by a Medical Officer

1. Personal Particulars

Student's full name Age

Sex Address.....

2. Physical Examination

- Weight Height Blood Pressure.....Pulse Rate
- Vision Left Eye..... Right Eye
- Hearing Left Ear Right Ear
- CVS
- Lungs
- Digestive System Liver Spleen
- CNS UTS
- Muscular Skeletal System

Extremities

Back

- Any signs of Drug Addiction

3. Routine Laboratory Examination

- Urine - Microscopy- Multisticks
- Serology- Khan Test
- Stool - Microscopy- Widal Test
- Blood - Hb- Elisa Test
- ESR- TB Test
- WBC – Total & Differential
- RBC.....
- Blood Group

4. Conclusion

Do you consider the student/candidate medically/physically
fit to pursue his/her course at Tumaini University Makumira.....

What condition or disability do you think has to be attended before he/she can be admitted?
.....

*I certify that I have examined the above named person and consider that he/she is physically
and mentally **Fit / Unfit** for academic studies at Tumaini University Makumira (circle answer).*

Date

Signature

Name

Designation

Note: This report is subject to **verification** by a **qualified Medical Doctor**