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MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
CONTINUING STUDENT REGISTRATION FORM – DEGREE PROGRAMMES
2016/2017 ACADEMIC YEAR

- NOTE: I: This form must be completed by every student at the time of registration.
II: When completed and certified by the Deputy Vice Chancellor - Academic, Research and Consultancy one copy will be retained by the Admissions Office and the second copy will be kept by the relevant School.

Your Registration No: []
(Degree for which registration is sought must be the same as that appearing in your student identity card)

School []

Degree Programme []

1. Surname (Block Capitals) []

2. First name (Block Capitals) []

3. Middle names (Block Capitals) []

(The names entered on this form must be the same as those on your letter of admission. These are the names appearing on your "A" level Certificate or equivalent documents submitted as entry qualifications.)

4. Date of Birth [] [] []
Day Month Year

5. Age at Entry (Yrs) []

6. Sex [M] [F]

7. Nationality []

8. Marital Status [] [] [] []
(tick one) Married Single Divorced Widowed

9. Permanent Home Address (Postal) _____
Residential _____

Tel. No. _____ Email Address _____

Bank Name: _____ Bank Account Number: _____

10. Religion (Christianity, Islamic, Hindu etc.) []

11. **Hall of Residence** _____

12. **If non-resident give** _____
(a) *Postal Address* (b) *Residential Address*

13. Do you have any physical or communication disabilities? *(Tick whichever is applicable)*

- (i) Vision/mobility/speech/hearing/others _____
- (ii) Type and magnitude _____
- (iii) Duration of the disability _____
- (iv) Type of supportive gear being used/required _____
- (v) Have you been receiving any humanitarian support for your disabilities? **Yes/No**. If yes, Give the name and address of a person or organization which supports you.

NB: *This information is to prepare the University to receive you and it will not mitigate against your admission.*

14. (a) Name of **father/guardian** _____

(b) Postal Address _____

Telephone No. _____ E-mail Address: _____

Residence: _____

(c) Occupation of this person _____ Organization: _____

(d) Postal Address: _____ Email Address: _____

15. (a) Name of **mother** _____

(b) Postal Address _____

Telephone No. _____ E-mail Address: _____

Residence: _____

(c) Occupation of this person _____ Organization: _____

(d) Postal Address: _____ Email Address: _____

16. (a) Name of **next of kin** *(state relationship)* _____

(b) Postal Address _____

Telephone No. _____ E-mail Address: _____

Residence: _____

(c) Occupation of this person _____ Organization: _____

(d) Postal Address: _____ Email Address: _____

17. Name and Address of your sponsor _____

Telephone No. _____ E-mail Address: _____

25. **Confirmation of Fee Payment** *(If Privately – Sponsored)*

Receipt No. _____ Amount Paid _____

Bursar _____ Date: _____
Signature and stamp

26. **DECLARATION BY THE STUDENT**

(Incorrect information may lead to serious consequences as stated in the Admission Letter, i.e. cases of impersonation of documents whenever discovered, either at registration or afterwards, will lead to automatic cancellation of admission and legal action will be taken against him/her).

- (a) I declare that to the best of my knowledge that all the information given in this form is correct.
- (b) **I DO HEREBY UNDERTAKE** to study diligently and to seek the truth of knowledge.
- (c) **I DO HEREBY UNDERTAKE** to obey all lawful authorities in the University to observe the regulations of the University, **TO EXERCISE DISCIPLINE** and also to promote the good name of the University.

Signature of Student..... Date:

Admissions Officer

I declare that on the basis of statements made in all other aspects, the candidate is hereby registered.

.....
Full name
Signature

For: Director of Undergraduate Studies

.....
Date

.....
Deputy Vice Chancellor -Academic, Research and Consultancy

.....
Date