



Attach black
and white
photo

**MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
REGISTRATION FORMS – DEGREE PROGRAMMES
2016/2017 ACADEMIC YEAR**

- NOTE:** i) This form must be completed by every first year 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 Admission office and the second copy will be kept by the relevant School.

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-Levels certificate or equivalent documents submitted as entry qualifications)

4. Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

5. Age of Entry (Yrs)

6. Sex

MALE	FEMALE
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7. Nationality

8. Marital Status

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(Tick one)

Married

Single

Divorced

Widowed

9. Permanent Home Address (Postal)

Tel. No. _____ Email Address _____

Bank Name _____ Account No. _____

10. Religion (Christianity, Islamic, Hindu etc)

11. Hall of Residence

If non-resident (give) a) Postal Address

b) Residential Address _____

12. **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 gearused/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 organisation which supports you.

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

13. Secondary Schools, College attended and dates:

14. Manner of entry to this University (Tick whichever is applicable)

- i) With A-Level qualifications _____
- ii) Equivalent qualifications (eg. Certificate/Diploma) _____

15. Do you hold originals of your (Tick whichever applicable)

- i) CSEE/Form IV or equivalent documents? _____
- ii) ACSEE/Form VI or equivalent documents? _____

16. a) Certificate of Secondary Education/Form IV/Equivalent

Subject	Grade	Date	Certified by Reg. Officer

Examination Authority _____ Index No. _____

Examination Centre (School) _____ Country _____

Division _____

b) Advanced Certificate of Secondary Education/Form VI or equivalent results:

Subject	Principal or Subsidiary Level Credit	Grade	Date	Certified by Reg. Officer

Examination Authority _____ Index No. _____

Examination Centre (School) _____ Country _____

Division _____

17. Any other University entrance qualifications (eg. Diploma/FTC etc) Yes/No _____

If **YES** type of qualification _____

Year of Graduation _____ Class or final GPA _____ Index No _____

18. a) If prior to your admission you were a working person, have you been officially released by your employer? Yes/No _____

b) If yes, provide documentary evidence _____

19. a) What are your extra curricula activities?

b) Indicate organization (s) of which you are a member citing the number of your member-ship card as well as posts held:

Name of Organisation	Membership Card No.	Post held in the organisation

20. What is your occupation goal?

1st Choice _____ 2nd Choice _____ 3rd Choice _____

21. a) Name of the father/guardian (state relationship) _____

b) Postal Address _____

Telephone No. _____ Email Address _____

c) Occupation of this person _____

22. Name of next of kin (state relationship) _____

Postal Address _____

Telephone No. _____ Email Address _____

c) Occupation of this person _____

23. Name and Address of your sponsor _____

Postal Address _____

Telephone No. _____ Email Address _____

24. **Confirmation of fees payment (If privately sponsored)**

Receipt Number _____ Amount paid _____

Bursar _____ Date _____

Signature and Stamp

25. **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).

- a) I declare that to the best of my knowledge that all the information given in this form is correct.
- b) i) **I DO HEREBY UNDERTAKE** to study diligently and seek the truth of knowledge.
- ii) **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 _____

Admission Officer

I declare that on the basis of the documentary evidence available in respect of statements made in paragraph 14 to 15 above and in all other aspects, the candidate is hereby registered.

Full name

Signature

For: Director of Undergraduate Studies

Date

Full Name and Signature

**For Deputy Vice Chancellor
Academic, Research and Consultancy**

Date