



Attach photo

UNIVERSITY OF DAR ES SALAAM

FIRST YEAR STUDENTS' REGISTRATION FORM "A" – DEGREE/NON-DEGREE PROGRAMMES

NOTE: I: This form must be completed in duplicate by every first year student at the time of registration.

II: When completed and certified by the respective College/School/Institute on behalf of the Director of Undergraduate Studies, one copy will be retained by the respective College/School/Institute and the second will be sent to the Admissions Office by the relevant College/School/Institute.

Your Registration No: []

(Registration number must be the same as that appearing in the student's admission letter.)

College/School/Institute []

Department []

Programme []

1. Surname (or Last name) (Block Capitals) Dr/Mr/Mrs/Miss/Ms []

2. First name (Block Capitals) []

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 "O" level Certificate or equivalent documents offered as an entry qualification.)

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

4. Origin [] [] [] []
Country Region District Nationality

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

6. Permanent Home Address _____

Telephone Number _____

Email Address _____

7. Religion (Christian, Muslim, Hindu, etc.) [] Sect or denomination []

8. Hall of Residence _____

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

Subject	Grade	Index No.	Date	Certified by Reg. Officer

Examination Authority _____ Division _____

Examination Centre (School) _____ Country _____

15. Any other University entrance qualifications (e.g. Diploma/F.T.C., etc)? Yes/No. _____

If YES, Type of qualification _____ College _____

Year of graduation _____ Class or final GPA _____ Index No. _____

16. (a) Were you a working person prior to admission? Yes/No. _____

(b) If yes, indicate your employer _____

17. (a) What are your extra curricula activities?

(b) Indicate organization(s) of which you are a member citing your membership Number as well as posts held:

Name of Organization	Membership Card #	Posts Held in the Organization

18. What is your occupational goal?

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

19. (a) Name of father/guardian _____ Relationship _____

(b) Postal Address _____

Telephone No. _____ E-mail Address: _____

(c) Occupation of this person _____

20. (a) Name of next of kin _____ Relationship _____

(b) Postal Address _____

Telephone No. _____ E-mail Address: _____

(c) Occupation of this person _____

21. Name and Address of your sponsor _____

Telephone No. _____ E-mail Address: _____

22. DECLARATION BY THE STUDENT

(Incorrect information may lead to serious consequences as stated in the Admission Letter, i.e. cases of impersonation of documents or forgery whenever discovered, either at registration or afterwards, will lead to automatic cancellation of admission or degree offered).

(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 to 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:

23. Confirmation of Fee Payment

Receipt No. _____ Amount Paid _____

I confirm that the due amount has been paid for One Semester Whole year (tick whichever is applicable)

Bursar _____ Date: _____
Signature and stamp

Registration Officer

I declare that on the basis of the documentary evidence available in respect of statements made in paragraphs 13, 14, 15 and 23 above and all other aspects, the candidate is hereby registered for One Semester Whole year (tick whichever is applicable).

Full name and signature

.....
Name

.....
Signature

Date:

Official Stamp:

Authorization to Issue Identify Card

This is to certify thatReg. No.has satisfied payment requirements for the issuance of a(Insert whether 'Semester' or 'Whole year') identity card.

Full name and signature

.....
Name
For: Director of Undergraduate Studies

.....
Signature

Date:

Official Stamp: