



STUDENT REGISTRATION FORM 2021/2022 (CONTINUING EDUCATION) SEMESTER I - OCTOBER, 2021

Attach colored
passport
size photograph

Instruction: Please photocopy this form and fill in four (4) original copies. Retain One (1) copy which will be submitted to the admission officer and the remaining copies to be handled to the Head of Department.

Student's Details

Programme		Department	
[REDACTED]		[REDACTED]	
First Name (As in your Certificates)	Middle Name (As in your Certificates)	Surname Name (As in your Certificates)	
[REDACTED]	[REDACTED]	[REDACTED]	
Nationality	Date of Birth (DD/MM/YYYY)	Year of Study	
[REDACTED]	[REDACTED]	[REDACTED]	
'O' Level School	F4 Index Number	Year	
[REDACTED]	[REDACTED]	[REDACTED]	
'A' Level School/College	F6 Index Number/Certificate AVN	Year	
[REDACTED]	[REDACTED]	[REDACTED]	

Contact Address

Mobile	Email	Bank Account number	Bank Name
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Parent/Guardian

Name	Relationship	Mobile	Address
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Certification: I certify that the above information is true to the best of my knowledge.

Student's Signature _____ Date _____

Official Use Only

Nature of Accommodation: On Campus: Room No [REDACTED]		Direct Cost Receipt number [REDACTED]	
Sponsor	Tuition Fee Payment TZS	Receipt No	Cashier's Signature & Stamp
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Department	HoD Name	Signature	Date
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]