



**Cardinal Rugambwa Memorial University College**  
**A Constituent College of the St. Augustine University of Tanzania**  
**ADMISSIONS OFFICE**  
**P.O. Box 1830**  
**BUKOBA – TANZANIA**



**REGISTRATION FORM FOR NEW MASTERS STUDENTS**  
**..... ACADEMIC YEAR**

**SECTION A: ADMINISTRATIVE DETAILS**

**1. STUDENT'S PARTICULARS** *(write your names as they appear in your school certificates)*

NAME: \_\_\_\_\_  
 Surname First name middle Name

**OTHER PARTICULARS**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth\_\_\_\_ Nationality\_\_\_\_  
 Day Month Year District

Gender: Male  Female  Marital Status: Married  Single  Religion: \_\_\_\_\_

ID/Passport no: \_\_\_\_\_ Profession: \_\_\_\_\_

**2. PERSONAL CONTACTS**

Post Office Box: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 No. C/O City/Town

Tel: \_\_\_\_\_/\_\_\_\_\_ Email: \_\_\_\_\_

**3. DETAILS OF THE PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Tel: \_\_\_\_\_ Place of Residence: \_\_\_\_\_

**4. EDUCATIONAL BACKGROUND**

LEVEL		NAME OF INSTITUTION	INDEX NO.	YEAR OF COMPLETION	CERTIFICATE S/N
SECONDARY	O				
	A				
COLLEGE					

**DECLARATION BY THE STUDENT**

- i. I declare that the information given above, in this form, is correct.
- ii. I shall observe the general regulations of the university and obey all lawful authorities in the university. I shall respect all the regulations stipulated in the Students' By-Laws, exercise discipline, respect Catholic goals promoted by the University and also shall promote the good name of the University.
- iii. I shall participate in all the academic activities conducted from *Monday* through *Saturday*.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

For official use only

**1. VERIFICATION OF CERTIFICATES (ADMISSIONS OFFICE)**

All the relevant certificates have been verified by an admissions officer and copies of the same submitted to the admissions officer:

- 1. Birth Certificate :
- 2. Leaving Certificates : 'O' Level  'A' Level
- 3. Academic Certificates : 'O' Level  'A' Level
- 4. Diploma Certificate:

ADMISSIONS OFFICER:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. TUITION FEES AND OTHER PAYMENTS**

The required amount of fees for registration and part of / full tuition fees have been paid.

BURSAR:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**3. ACCOMMODATION STATUS & OTHER REQUIREMENTS FOR THE OFFICE OF THE DEAN OF STUDENTS**

- i. Accommodation: **In-campus residence**  **Off-campus residen**
- ii. The University Medical Form
- iii. Medical Certificate showing any medical or physical complications

THE DEAN OF STUDENTS:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

