



CARDINAL RUGAMBWA MEMORIAL UNIVERSITY COLLEGE

A Constituent College of the St. Augustine University of Tanzania

P.O.Box 1830, Bukoba.

ADMISSIONS OFFICE



PASSPORT
SIZE

REGISTRATION FORM FOR NEW STUDENTS FORACADEMIC YEAR

ADMINISTRATIVE DETAILS

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

NAME: _____
Sumame 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. TUITION FEES AND OTHER PAYMENTS

The required amounts of fees for registration and part of / full tuition fees have been paid. BURSAR:

Name: _____ Signature: _____ Date: _____

2. 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: _____

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

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

THE DEAN OF STUDENTS:

Name: _____ Signature: _____ Date: _____