# Cardinal Rugambwa Memorial University College

**A Constituent College of the St. Augustine University of Tanzania**
**P.O. Box 1830**
**BUKOBA – TANZANIA**

**REGISTRATION FORM FOR CONTINUING MASTERS STUDENTS**
**……ACADEMIC YEAR**

## SECTION A: STUDENT'S PARTICULARS

(*Write your names as they appear in your school certificates*)

NAME: _____ _____ _____
Surname First name Middle Name

Reg. No: _____

## For official use only

1. **TUITION FEES AND OTHER PAYMENTS**
   The required part of / full tuition fee has been paid.

   BURSAR:

   Name: _____ Signature: _____ Date: _____

2. **ACCOMMODATION STATUS**
   Accommodation: **In-campus residence** ☐ **Off-campus residence** ☐

   THE DEAN OF STUDENTS:

   Name: _____Signature: _____ Date: _____

3. **ADMISSIONS OFFICER**

   Name: _____Signature: _____ Date: _____

## SECTION B: PROGRAMME REGISTRATION

| FACULTY OF EDUCATION | | | |
|---|---|---|---|
| PROGRAMME | Masters of Arts in Education Management and Planning (MEMP) | | |
| | YEAR I | **SEMESTER I** | |
| | Subjects | MED 600 - Educational Research Methods I | |
| | | MED 601 – Theories, Practices & Fundamentals of Educational Administration | |
| | | MED 602 – Theories, Concepts & Methodologies of Educational Planning | ☐ |
| | | MED 603 – Economics of Education | |
| | | **SEMESTER II** | |
| | | MED 604 – Educational Research Methods II & Research Proposal Writing | |
| | | MED 605 – Mobilization and Management of Institutional Finance | |
| | | MED 606 – Professional Ethics in Education | |
| | | MED 607 – Human Resource Management and Development in Education | |
| | | MED 608 – Local Government and the Administration of Education | ☐ |
| | | MED 609 – Supervision of Educational Institution | |
| | YEAR II | **SEMESTER I** | ☐ |
| | Subjects | MED 610 – Legal Issues in Educational Administration | |
| | | MED 611 – Comparative Education | |
| | | MED 612 – Evaluation Principles, Techniques & Models | |
| | | **SEMESTER II** | |
| | | Research (Data Collection and Dissertation) | |

## SECTION C: COURSE REGISTRATION

*(To be filled in at the departmental level)*

| DEPARTMENT | COURSE CODE | |
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**CARRY OVER COURSES**

| DEPARTMENT | COURSE CODE | |
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Approved by:

HOD:

Name Signature Date