



# Cardinal Rugambwa Memorial University College

A Constituent College of the St. Augustine University of Tanzania

Admission for the Academic Year 2017/2018

P.O Box 1830, Bukoba – Tanzania

Tel: 255 755 915 449, E-mail: [admissions@carumuco.ac.tz](mailto:admissions@carumuco.ac.tz), Website: [www.carumuco.ac.tz](http://www.carumuco.ac.tz)



**FOR OFFICIAL  
USE ONLY**

(Note: Please fill all details in block letters)

## 1.0 PERSONAL PARTICULARS

1.1 Surname: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Names: \_\_\_\_\_

(Note: The names and initial entered in this form must be exactly the same as those appearing on your A.C.S.E.E.-Form VI or other certificates to be used for admission. If there is no surname or middle name in your certificate please do not write)

1.2 Sex: Male:  Female:   
1.3 Date of Birth: \_\_\_\_\_  
1.4 Place of Birth: \_\_\_\_\_  
1.5 Citizenship: \_\_\_\_\_  
1.6 Postal Address: \_\_\_\_\_  
1.7 Telephone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

## 2.0 SPONSORSHIP DETAILS

2.1 Name of Sponsor: \_\_\_\_\_  
2.2 Address of Sponsor: \_\_\_\_\_  
Phone (s) \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email: \_\_\_\_\_

## 3.0 FOR EMERGENCIES: Person to be contacted

3.1 Full Name: \_\_\_\_\_  
3.2 Relationship: \_\_\_\_\_  
3.3 Address \_\_\_\_\_  
3.4 Telephone \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

## 4.0 DETAILS FOR THE INTENDED STUDY PROGRAMME

Please tick admission you're applying for

Master Programmes

Please tick the programme you want to study

Programme Code	Programme Name	Duration
MEM	Master of Education Management	2Years

## 5.0 EDUCATION BACKGROUND

ALL.SEC.SCHOOLS ATTENDED	LOCATION	DATES FROM (MO/YR)	TO (MO/YR)	CERT.INDEX NO

### 6.0 UNIVERSITY/COLLEGE EDUCATION

If yes, provide details in the table below.

S/N	INSTITUTION ATTENDED	STATUS (GRADUATED/ DISCONTINUED/ABANDONED)	IF GRADUATED GIVE QUALIFICATION ATTAINED	DATE OBTAINED

Total number of years of schooling \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_

### 7.0 EMPLOYMENT RECORD

Please give details of your employment record in the table below.

S/N	NAME OF EMPLOYER	POST HELD	DATES

### 8.0 LANGUAGE FLUENCY:

LANGUAGE	SPOKEN			WRITTEN		
	Fair	Good	Very good	Fair	Good	Very good

### 9.0 PAYMENTS.

Your non-refundable application fee of Tshs 20,000/= or US \$ 25 should be paid to St. Augustine University of Tanzania via Bank Account number: **015021 567 2600** CRDB-BANK BUKOBA Branch (No Cheques are accepted)

### 10.0 ATTACHEMENTS.

Please include the following with this application:

- (a) Two (2) passport size photos of yourself (Colored).
- (b) Photocopies of your school certificates OR results slip (Form IV and Form VI).
- (c) Birth certificate (d) Curriculum Vitae
- (e) Original pay-in slip of Tshs 20,000/= (for Tanzanian) or \$ 25 (for Foreigner)

Please send your application to:  
 The Admissions Office  
 Cardinal Rugambwa Memorial University College  
 P.O Box 1830 Bukoba, Tanzania.

### Declaration

I declare that all information given in this form is correct.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



**Cardinal Rugambwa Memorial University College**  
**A Constituent College of the St. Augustine University of Tanzania**  
**P.O.BOX 1830, BUKOBA**



**DIRECTOR OF POSTGRADUATE STUDIES**  
**REFEREE FORM**

Each applicant is asked, after completing section A below, to hand or send a copy of this application form to each of the two persons who have agreed to act as referees.

**Section A (i): To be completed by the candidate**

Name of Candidate: \_\_\_\_\_

**Section B (i): To be completed by 1<sup>st</sup> referee**

The above named person is applying to undertake postgraduate studies at this University and has named you as a referee. The University would be grateful if you would supply information that would help us assess the candidate's suitability for the programme. **Whatever information you offer shall be treated in strict confidence.**

Name of Referee	_____
Contacts of the First Referee	Position _____
	Address: _____
	Phone(s): _____
	Email: _____
	Signature/seal: _____
	Date: _____

**Section C (i). To be completed by 1<sup>st</sup> referee**

1. **How long have you known the candidate?** (Check where appropriate)

- a. One year
- b. Two years
- c. Three years
- d. More than four years

2. **In what capacity have you known the candidate?** (Check where appropriate)

- a. Lecturer
- b. Head of Department
- c. Faculty Dean
- d. Professional Colleague

3. **Please evaluate the applicant with respect to each of the following attributes: -**

Attribute	Excellent	Very Good	Good	Average	Poor
Academic Capacity					
Command of Spoken English					
English Writing Skills					
Resourcefulness					

4. **What is your opinion of the candidate's suitability for the programme**

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Send the completed referees forms by post or by hand to the:

Director of Postgraduate Studies  
 Cardinal Rugambwa Memorial University College  
 P.O. Box 1830, Bukoba

**Please DO NOT SEND BY FAX**





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DIRECTOR OF POSTGRADUATE STUDIES  
REFEREE FORM

Each applicant is asked, after completing section A below, to hand or send a copy of this application form to each of the two persons who have agreed to act as referees.

<b>Section A (i): To be completed by the candidate</b>	
Name of Candidate:	CARDINAL RUGAMBWA MEMORIAL UNIVERSITY COLLEGE

**Section B (ii): To be completed by 2<sup>nd</sup> referee**

The above named person is applying to undertake postgraduate studies at this University and has named you as a referee. The University would be grateful if you would supply information that would help us assess the candidate's suitability for the programme. **Whatever information you offer shall be treated in strict confidence.**

Name of Referee	
Contacts of the Second Referee	Position: _____
	Address: _____
	Phone(s): _____
	Email: _____
	Signature/ seal: _____
	Date: _____

**Section C (ii). To be completed by 2<sup>nd</sup> referees**

**1. How long have you known the candidate?** (Check where appropriate)

- a. One year
- b. Two years
- c. Three years
- d. More than four years

**2. In what capacity have you known the candidate?** (Check where appropriate)

- a. Lecturer
- b. Head of Department
- c. Faculty Dean
- d. Professional Colleague

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