



**CARDINAL RUGAMBWA MEMORIAL UNIVERSITY COLLEGE**  
A Constituent College of the St. Augustine University of Tanzania  
**APPLICATION FORM FOR 2017/2018 ACADEMIC YEAR**  
**CERTIFICATE AND DIPLOMA PROGRAMMES**



OFFICIAL USE ONLY

P.O. Box 1830, Bukoba, Tel: +255 755 915449, +255 764 540052  
E-mail: admissions@carumuco.ac.tz, Website: www.carumuco.ac.tz

**Note: Please fill all details in block letters**

**1.0 PERSONAL PARTICULARS**

Note: The names and initial entered in this form must be exactly the same as those appearing on your Secondary Education Certificate(s) or other official certificates to be used for admission. If there is no surname or middle name in your certificate please do not write it.

COLORED  
PASSPORT SIZE  
PHOTO

Surname			
First Name			
Middle Name(s) If any			
Date of birth		Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Citizenship			
Contacts	Mob: Tel:	E-mail: Postal Address:	

**2.0 DETAILS FOR THE INTENDED STUDY PROGRAMME**

Please indicate three choices of programmes you intend to study by writing 1, 2, and 3 in the boxes provided below. (1- First Choice, 2- Second Choice, 3- Third Choice)

Certificate Programmes			Duration
1	Accountancy	<input type="checkbox"/>	1 Year
2	Procurement and Supply Management	<input type="checkbox"/>	1 Year
3	Business Administration	<input type="checkbox"/>	1 Year
4	Information Technology	<input type="checkbox"/>	1 Year
5	Law	<input type="checkbox"/>	1 Year
Diploma Programmes			Duration
1	Accountancy	<input type="checkbox"/>	2 Year
2	Procurement and Supply Management	<input type="checkbox"/>	2 Year
3	Business Administration	<input type="checkbox"/>	2 Year
4	Information Technology	<input type="checkbox"/>	2 Year
5	Law	<input type="checkbox"/>	2 Year

**3.0 EDUCATIONAL BACKGROUND**

Education Level	Name of Institution		Index No.	Year of Completion
1 Primary				
2 Secondary	O - Level			
	A - Level			
3 College				

**4.0 DETAILS OF THE PERSON TO BE CONTACTED IN CASE OF EMERGENCY**

Name			
Relationship			
Place of Residence			
Contacts	Mob: Tel:	E-mail: Postal Address:	

### 5.0 PAYMENTS

Processing fee of **Tsh 25,000/=** should be paid to St. Augustine University of Via Bank Account Number. **0150215672600 CRDB BANK SAUT-BUKOBA**

**OR** Via Mobile Transaction (MPESA) by using University Agent **Code 397239** and you will receive transaction reference numbers.

WRITE THE PROVIDED REFERENCE NUMBERS HERE >>

### 6.0 ATTACHMENTS

Please include the following with this application:

- (a) One (1) passport size photo of yourself (Colored)
- (b) Photocopies of your academic certificates OR results slip (Form IV and Form VI)
- (c) Birth Certificate photocopy
- (d) Original Bank pay-in slip (if paid via CRDB)

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please submit your application form by hand to the SAUT-Admissions Information Point or send to:**

**The Admissions Office**

**Cardinal Rugambwa Memorial University College**

**P.O. Box 1830 Bukoba,**

**Tanzania.**