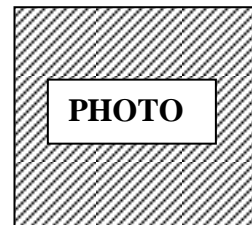




SOKOINE UNIVERSITY OF AGRICULTURE
OFFICE OF THE DEPUTY VICE CHANCELLOR (ACADEMIC)
P.O. Box 3000, CHUO KIKUU, MOROGORO
TANZANIA

Tel. +255-23-2603511/4, Dir. +255-23-2603236; Fax. +255-23-2604652
 E-mail: dvc@suanet.ac.tz or admission@suanet.ac.tz, dvc.academic@yahoo.com



REGISTRATION FORM FOR UNDERGRADUATE CANDIDATES

1. SURNAME (UPPER CASE LETTERS).....		
2. FIRST NAME IN FULL (UPPER CASE LETTERS).....		
3. MIDDLE NAMES IN FULL (UPPER CASE LETTERS).....		
4. DEGREE PROGRAMME		
5. REGISTRATION No.		
NOTE: The name in which you will be registered shall be that which appears on your National form VI School Certificate or equivalent document Put [✓] in the respective bracket		
6. Date of Birth: / / /		7. Place of Birth: (Town or District and Country)
8. Religion:	9. Marital status: Married []	Single []
10. Sex: Male [] Female []	11. Citizenship:	12. Country of Residence:
13. Contact Address	14. Employers Name	
Physical Address	Contact Address	
Email Address	Telephone No:	
Mobile No.	Email Address:	
15. Name of next of kin:		
Occupation:		
Relationship:	Email Address:	
Full address:	Fax No.:	
Tel. No.:	Mobile No.:	
16. Give details of further courses of study (if any)	Name of Award	Grade attained (Dist. Credit, Pass):
1. Certificate		
Institution		
2. Diploma		
Institution		
17. Do you have any communication disabilities? YES/NO (if any indicate the disability.....)		
18. Category of studentship (tick the appropriate one):		
(i) Direct entrant (using A level qualifications)		
(ii) Equivalent student		
(iii) Mature Age Entrant		
19. Have you been officially released by your employer? YES/NO (where applicable) If yes, attach the documentary evidence		
20. Financial Sponsor		
Name of Sponsor:		
Address of Sponsor		
21. Do you have any medical disability/problem? YES/NO (indicate the problem if any (attach evidence)		
22. What are your extra curricular activities? Indicate		
23. STATEMENT BY APPLICANT:		
I certify that the information given above is true and correct to be best of my knowledge.		
Signature of Applicant:		Date: