PGS 001

SOKOINE UNIVERSITY OF AGRICULTURE
Directorate of Research and Postgraduate Studies,
P.O. Box 3151 Morogoro, Tanzania
Tel: +255 23 260 3511-14
Telfax: +255 23 260 4388
http://www.suanet.ac.tz/drpgs ***rpgs@suanet.ac.tz***

Our Ref:	RPGS/A/30/Vol.XI	Our Date	
Your Ref:		Your Date	

.....
.....
.....
.....

Dear Applicant,

APPLICATION OR YOUR ENQUIRY ON ADMISSION FOR POSTGRADUATE STUDIES

This is to acknowledge receipt of your letter/fax/e-mail dated .....in which you are applying for admission to pursue.....
.....
.....
degree programme at this University during .....academic year.

Enclosed herewith please find**: Application forms** and **fees structure** for your information and necessary action.

You are kindly requested to send the following application material to enable the University process your application in time.

(a) **Three** copies of dully filled **"Application forms"** Attached.
(b) **Three** endorsed true copies of all relevant **Academic Transcripts**
(c) **Three** copies of all relevant **Degree Certificates**
(d) **Three** recent passport size photographs with your name printed on the back of each photograph.
(e) **Referee reports**: Please contact two persons who are prepared to act as your referees on your behalf and request them to fill the attached referee forms.
(f) For applicants for PhD studies attach a concept Note of intended research work.

You are kindly advised to attach to the filled application forms an open Postal Order or Telegraphic Money Order of value equivalent to US$40 (*for foreigners*) or Tshs.20,000/= (*for residents*) as application fee to the Directorate of Research and Postgraduate Studies, P.O. Box 3151, Chuo Kikuu, Morogoro, Tanzania.

Please note that you must submit your application forms plus the fee on time to avoid delays in processing your application.

Yours sincerely,

H. Maketa
For Director

PGS -002

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APPLICATION FOR ADMISSION/ REGISTRATION AS A STUDENT FOR HIGHER DEGREE

A: TO BE COMPLETED BY THE APPLICANT

1) SURNAME *capital letters*	**GIVEN NAME** *capital letters*	**MIDDLE NAME(S)** *capital letters*

2) ADDRESS OF CORRESPONDENCE

Postal address.

.....

.....

Telephone:.....(*fixed*), ...(*mobile*), ...(*fax*)

.....

Email. .....

3) Age:	Date of birth			Place of birth
	Day:	Month	Year	
4) Nationality:	Sex:			Marital status
5) Name of spouse:				Number of children:

6) NAME AND ADDRESS OF A PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Postal address.

.....

.....

Telephone:.....(*fixed*), ...(*mobile*), ...(*fax*)

.....

Email. .....

7) PRESENT POSITION

8) EMPLOYER: (Name and address of your organization) ***if applicable***

.....

.....

Postal address.

.....

.....

Telephone:.....(*fixed*), ...(*mobile*), ...(*fax*)

.....

Email. .....

9) State the degree you wish to study

.....

.....

.....

10) Field of study, and indicate whether full-time or part-time (*for PhD candidates only*)

.....

.....

11) Institution where work is to be done	Sokoine University	Not Sokoine University
	Faculty:	Name & Address:
12) Financial sponsor	Name:	Address (including tel. fax, & e-mail)

13) Qualification to support application (*include three certified copies of the degree certificates and transcript*)

	Name of Institutions and place	Year attended	Degree & academic distinctions	Area of specialization
(a)				
(b)				
(c)				

		First referee	Second referee
	Name		

	Postal address		
	Telephone		
	e-mail		
14. Applicant's	Signature		Date ....

B: TO BE COMPLETED BY THE EMPLOYER

[If not employed by the government or public/private institution, ignore part B]

1. Do you recommend this application;

   .....

2. If the applicant gains admission, will you release him/her for studies? Yes/No*
3. If the applicant gains admission, will you support him/her financially? Yes/No*
4. Signature and stamp of Employer: .....Date:

   .....

C: TO BE COMPLETED BY THE FINANCIAL SPONSOR IF DIFFERENT FROM B

1. Do you recommend this application;

   .....

2. If the applicant gains admission, will you support him/her financially? Yes/No*
3. Signature and stamp of Employer: .....Date:

   .....

D: FOR OFFICIAL USE ONLY

1. Remarks of the Admission Secretariat: Forwarded/Not forwarded for consideration by Faculties /Institutes /Departments
2. Comments by the Department/Institute to host the candidate:
   .....
   .....
   .....
   Forwarded/not forwarded for consideration
   Signature
3. Recommendations by Faculty Postgraduate Studies committee.....
   .....
   .....
   Signature.
   .....**Date**.....
   .....

4. I confirm that the **Faculty/Institute Board** has recommended this application for approval and that I am satisfied with the degree of supervision that will be available for the candidate. The degree will be sought by thesis and /by course work.
   Signed. .....(Chairperson Faculty/Institute board)
   Date.....

5. Recommended for approval by the Postgraduate Studies Committee of Senate:

.....
.....
Minute No:.....**Signature**.....(Chairperson

SRPGSC) .**Date**.....

6. (i) Approved by Senate on .....Meeting No:.....Date .....

OR

(ii) Approved by the Vice Chancellor on behalf of Senate Date: ....

7. Effectiv e date of registration: ....

*Delete which ever is inapplicable

N.B:

Three copies of this form to be completed by each applicant and his employer and then returned to the Director, Research and Postgraduate Studies, P.O. Box 3151, Chuo Kikuu, Morogoro, TANZANIA

PGS-003

SOKOINE UNIVERSITY OF AGRICULTURE
Directorate of Research and Postgraduate Studies,
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http://www.suanet.ac.tz/drpgs *e-mail:* drpgs@suanet.ac.tz

Name and address of Referee:
.....
.....
.....
Dear Sir/Madame

RE: REFEREE REPORT

Mr/Miss/Ms/Mrs/Dr/:.....who is applying for .....

.....(*name of degree*) in the Department/Institute/Faculty of .....at this University for academic year .....has proposed you to be his/her referee.

The University would appreciate if you could provide the following information about the candidate so that it can assist in determining suitability of the candidate for admission.

1. Duration for which you have known the candidate ☐ (*years*)

2. The capacity for which you known the candidate; (i) Lecturer/Professor ☐ (ii) Employer ☐ (iii) Colleague ☐ iv) Other capacity ☐ (*specify*……)

3. Academically, I rate this candidate/applicant as; (i) Very Good ☐ (ii) Good ☐ (iii) Satisfactory ☐ (iv) Poor ☐

4. In terms of interaction with others, I rate this candidate/applicant as; (i) Very Good ☐ (ii) Good ☐ (iii) Satisfactory ☐ (iv) Poor ☐

5. Do you think the candidate can pursue the degree programme she/he has indicated successfully?
(i) Yes; ☐ (ii) Yes but with extra effort; ☐ (iii) No; ☐ (iv) Not sure ☐

*[*Tick ever appropriate*]

6 Extra comment about the candidate (*please specify*):
.....
.....
.....

If the space is not enough, please use an extra sheet. Thank you for your information and be assured that this information will be confidential to the candidate.

Name:.....qualification: .....

Signature:……Date:……

Please mail your report to: The Director, Directorate of Research and Postgraduate Studies, Sokoine University of Agriculture, P.O. Box 3151, Chuo Kikuu, Morogoro, Tanzania.

R&P-004

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APPLICATION FOR RESEARCH ASSOCIATESHIP

A	TO BE FILLED BY THE APPLICANT
1.	Surname:. ....
	Other names:. ....
	Nationality:. ....
	Qualifications. ....
2.	Institution of affiliation (to attach letter of recommendation): ....
	Postal address..... .....
	Telephone .....Fax. .....e-mail. .....
3.	Source of funds (*to attach letter of approval*):..... .....
4.	Estimated period of Research: .....(months)
	Date of commencement:..... .....
	Date of completion:..... .....
5.	Field and Topic of Research: ....
6.	Research objectives
	(a)..... .....(b)..... ....
	.....(c)..... ....
7.	Location of Research (e.g. Region, District, etc.).....
8.	Access sought:
	(a) Public records: Yes/No*. If yes, which records:.....

(b) Interview with Government officers: Yes/No*
If yes which classes of Government officers?.....
.....

(c) Interview with members of the public: Yes/ No*.

(d) If yes, on what subjects, where and how will they be selected?
.....
.....
.....

9. Please attach:
   (a) Short description of your research proposal; one page in length (3 copies)
   (b) Your curriculum vitae (three copies)
   (c) Names and addresses of two referees
   (d) Name and address of contact person in case of emergency

10. Declaration by applicant:

I have read and agree to abide by the regulations and guidelines for research associate ships at Sokoine University of Agriculture if my application is approved. I also abide to conduct myself with discretion while in Tanzania.

Signature:.....
Date:.....

B	FOR OFFICIAL USE ONLY
12.	(a) Local contact person commitment - I confirm that I am willing to act as a local contact person for the applicant Name..... ..... Department. .... Telephone ..... e-mail: ..... **Signature.** ..... **Date**:. ..... (b) I confirm that this application has been recommended/not recommended for approval by the Department of ..... **Signed** .....(Head of Department) **Date**..... (c) Recommended/not recommended by the Research and Publications Committee of Faculty/Institute of ..... **Signed** .....(Chairperson Faculty/Institute R&PC) **Date**..... (d) I confirm that Board of the Faculty/Institute of has recommended /not recommended this application for approval. **Signed:** ..... (Dean/Director) **Date:** .....
	(d) Recommended for approval by Senate Research and Publications Committee: **Signed:** ..... (Chairperson SR&PC) **Date:** ..... (e) Approved by Senate **Signed:** ..... (Vice Chancellor) **Date:** .....

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* Delete what is not applicable

Please note that:

(a) *Applications must be submitted at least four months prior to the intended period of commencement of research,*

(b) Research associate ship will be awarded for a period not exceeding one year. Applications for period of less than two months will be considered also depending on the type of intended work,

(c) Applications for renewal should be submitted to the University at least two

months before the expiry of the registration,

(d) Applicants should not arrive in Tanzania before receiving a letter from the University, formally according them the status of Research Associate, and

(e) *Details on Regulations and Guidelines for Research Associate ships can be found in the Research Associate ship brochure*.