



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>
e-mail: drpgs@suanet.ac.tz

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

To:
.....
.....

Dear Mr./Ms.

APPLICATION OR YOUR ENQUIRY ON ADMISSION FOR POSTGRADUATE STUDIES

This is to acknowledge receipt of your e-mail dated in which you are applying for admission to pursue MSc. in

.....
degree programme at this University during 2015/2016 academic year.

Enclosed herewith please find: **Application forms** for registration as a student for Higher Degree, 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 for Registration forms”** as a student for Higher Degree “ (Enclosed/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 referees on your behalf and request them to fill the attached referee forms.

You are kindly advised to attach to the filled application forms an open Postal Order or Telegraphic Money Order of value equivalent to US\$20 (*for foreigners*) or Tshs.50,000/= (*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



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APPLICATION FOR ADMISSION/ REGISTRATION AS A STUDENT FOR HIGHER DEGREE

A: TO BE COMPLETED BY THE APPLICANT

1) SURNAME <i>capital letters</i>		GIVEN NAME <i>capital letters</i>		MIDDLE NAME(S) <i>capital letters</i>	
2) ADDRESS OF CORRESPONDENCE					
Postal address.					
Telephone:.....(<i>fixed</i>),(<i>mobile</i>),(<i>fax</i>)					
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:.....(<i>fixed</i>),(<i>mobile</i>),(<i>fax</i>)					
Email.					
7) PRESENT POSITION					
8) EMPLOYER: (Name and address of your organization) <i>if applicable</i>					
.....					
Postal address.					
Telephone:.....(<i>fixed</i>),(<i>mobile</i>),(<i>fax</i>)					
Email.					

9) State the degree you wish to study				
10) Field of study, and indicate whether full-time or part-time (<i>for PhD candidates only</i>)				
11) Institution where work is to be done		Sokoine University Faculty:	Not Sokoine University Name & Address:	
12) Financial sponsor		Name:	Address (including tel. fax, & e-mail)	
13) Qualification to support application (<i>include three certified copies of the degree certificates and transcript</i>)				
	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]

- Do you recommend this application;
.....
- If the applicant gains admission, will you release him/her for studies? Yes/No*
- If the applicant gains admission, will you support him/her financially? Yes/No*
- Signature and stamp of Employer:Date:
.....

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

- Do you recommend this application;
.....
- If the applicant gains admission, will you support him/her financially? Yes/No*
- Signature and stamp of Employer:Date:
.....

D: FOR OFFICIAL USE ONLY

- Remarks of the Admission Secretariat: Forwarded/Not forwarded for consideration by Faculties /Institutes /Departments
- 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 onMeeting No:.....Date

OR

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

- 7. Effective date of registration:

.....
*Delete which ever is inapplicable

:

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



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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 know the candidate; (i) Lecturer/Professor , (ii) Employer (iii) League (iv) Other capacity ()
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:.....Highest 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.