



**SOKOINE UNIVERSITY OF AGRICULTURE**  
 Directorate of Postgraduate Studies, Research, Technology  
 Transfer and Consultancy,  
 P.O. Box 3151 Morogoro, Tanzania  
 Tel: +255 23 264 0013; Telfax: +255 23 264 0013

<http://www.dprtc.sua.ac.tz>

E-mail: [postgraduate.students@suanet.ac.tz](mailto:postgraduate.students@suanet.ac.tz)

01<sup>st</sup> February, 2018

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 2018/2019 academic year.

Enclosed herewith please find: **Application forms** and **referees' report** 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 together with evidence of payment of value equivalent to **US\$20** (*for foreigners*) or **Tshs.50,000/=** (*for Tanzanian residents*) as application fee to the Directorate of Postgraduate Studies, Research, Technology Transfer and Consultancy, P.O. Box 3151, Chuo Kikuu, Morogoro, Tanzania. Payments should be made through **A/C NO. 0150076769860 CRDB Bank :Swift Code No CORUTZTZXXX**. Deadline for application is **30<sup>th</sup> May 2018**.

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

Yours sincerely,

Ms. Angella G. Mwageni  
**For Director, DPRTC**



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**APPLICATION FOR ADMISSION/ REGISTRATION AS A STUDENT FOR HIGHER DEGREE**

**A: TO BE COMPLETED BY THE APPLICANT**

<b>1) SURNAME</b> <i>capital letters</i>		<b>GIVEN NAME</b> <i>capital letters</i>		<b>MIDDLE NAME(S)</b> <i>capital letters</i>	
<b>2) ADDRESS OF CORRESPONDENCE</b> Postal address. .... Telephone:.....( <i>fixed</i> ), .....( <i>mobile</i> ), .....( <i>fax</i> )..... Email. ....					
<b>3) Age:</b>		<b>Date of birth</b>		<b>Place of birth</b>	
		Day:	Month	Year	
<b>4) Nationality:</b>		<b>Sex:</b>		<b>Marital status</b>	
<b>5) Name of spouse:</b>				<b>Number of children:</b>	
<b>6) NAME AND ADDRESS OF A PERSON TO BE NOTIFIED IN CASE OF EMERGENCY</b> Postal address. .... Telephone:.....( <i>fixed</i> ), .....( <i>mobile</i> ), .....( <i>fax</i> )..... Email. ....					
<b>7) PRESENT POSITION</b>					
<b>8) EMPLOYER:</b> (Name and address of your organization) <i>if applicable</i> ..... Postal address. .... Telephone:.....( <i>fixed</i> ), .....( <i>mobile</i> ), .....( <i>fax</i> )..... Email. ....					
<b>9) State the degree you wish to study</b> Postgraduate Diploma in ..... MA/MSc/..... PhD/PhD in.....Department .....					
<b>10) Field of study, and indicate whether full-time or part-time (for PhD candidates only)</b> .....					
<b>11) Institution where work is to be done</b>		Sokoine University School/College:		Not Sokoine University Name & Address:	
<b>12) Financial sponsor</b>		Name:		Address (including tel. fax, & e-mail)	
<b>13) Qualification to support application (include three certified copies of the degree certificates and transcript)</b>					

	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 /School /College
2. Comments by the School/College to host the candidate: .....  
.....  
Forwarded/not forwarded for consideration  
Signature
3. Recommendations by Faculty/School/College Postgraduate Studies committee.....  
.....  
Signature. .... Date.....
4. I confirm that the **School/College 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 School/College 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:.....

**N.B:**

Three copies of this form to be completed by each applicant and his employer and then returned to the Director, Directorate of Postgraduate Studies, Research, Technology Transfer and Consultancy, P.O. Box 3151, Chuo Kikuu, Morogoro, TANZANIA: submission by email should be channeled to **E-mail: [postgraduate.students@suanet.ac.tz](mailto:postgraduate.students@suanet.ac.tz)**

