

ARDHI UNIVERSITY



STUDENT REGISTRATION FORM (FRESH UNDERGRADUATE STUDENTS)

Attach
Photograph

Your Registration No:

Degree:

(Degree for which registration is sought must be the same as that appearing in your student identity card)

School

1. Surname (Block Capitals) Mr/Mrs/Miss

(The names entered on this form must be the same as those on your "A" level Certificate or equivalent documents offered as an entry qualification. If you have changed your name, attached photocopy of affidavit or Marriage Certificate).

2. First name (Block Capitals)

Middle names (Block Capitals)

3. Date of Birth

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Day Month Year

4. Age at Entry

5. Origin

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Country

District

Region

Nationality

6. Marital Status

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Married

Single

Divorced

Widowed

7. Permanent Home Address.....
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.....

8 Religion (Christian, Muslim, Hindu etc.). sect or denomination

9 Hall of Residence

10. If non-resident give

(a) Postal Address

(b) Residential Address

11. **Do you have any physical or communication disabilities?** (Tick whichever is applicable)
1. Vision/mobility/speech/hearing/others
 2. Type and magnitude of disability
 3. Duration of the disability
 4. Type of supportive gear being used/required
 5. Sponsor of any paralysis
- (N.B. This information is to prepare the University to receive you and it will not mitigate against your admission)

12. **Secondary School and Colleges attended** (give date)

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13. **Manner of entry to this University**

1. With "A" level qualifications?
2. Special case (equivalent qualifications) Entry Scheme?
3. Mature Age Entry Examination Scheme?

14. **Do you hold originals of your:**

- (a) C.S.E./Form IV or equivalent documents?
- (b) A.C.S.E./Form VI or equivalent document?

15. (a) Certificate of Secondary Education/Form IV or equivalent results

<i>Subject</i>	<i>Pass, Very Good, "O" Level Credit</i>	<i>Grade</i>	<i>Date</i>	<i>Certified by Head of Department</i>

Examination Authority _____ Index No. _____

Examination Centre (School) _____ Country _____

Division _____

(b) Advanced Certificate of Secondary Education/Form VI or equivalent results:

<i>Subject</i>	<i>Principal or Subsidiary Level</i>	<i>Grade</i>	<i>Date</i>	<i>Certified by Head of Department</i>

Examination Authority _____ Index No. _____

Examination Centre (School) _____ Country _____

Division _____

16. Any other University entrance qualifications (e.g. Diploma/F.T.C. etc.)

17. (a) If prior to your admission you were a working person, have you been officially released by your employer?

(b) If yes, attach documentary evidence.

18. (a) What are your extra curricular activities?

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(b) Indicate organization(s) of which you are a member citing the number of your membership card as well as posts held

Name of Organisation	Membership Card No.	Posts Held in the Organization

19. (a) Name of father/guardian (state relationship).....

(b) Post address of this person.....

.....

(c) Occupation of this person.....

20.(a) Name of next of kin (state relationship)

(b) Postal Address

(d) Occupation of this person.....

21. State who should be contacted in Dar es Salaam in case of emergency.

Name :.....

Address :..... Tel No

Relationship

If you are a student direct from school, state which firm/department you have been working for

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Certificate of Enrolment

Academic Year

Registration No.

Mr/Mrs/Miss(First Names)

Surname

Course (Year I, II, III, IV, V)

Date

Student's Signature

Registration Officer

I Certify that the above mentioned student has completed registration formalities with the Admission Office

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For: DEPUTY VICE CHANCELLOR ACADEMIC AFFAIRS