



THE UNIVERSITY OF DODOMA

REGISTRATION FORM FOR POSTGRADUATE STUDENTS

This form must be filled in quadruplicate*

CANDIDATE PERSONAL DETAILS

Surname	Middle Name	First Name
Programme mode: Full time/Part time	Programme Admitted to	Department
College/Institute/School		
Sponsorship: Private	Others (Please Specify)	
Signature of Candidate	(If sponsored attach sponsorship commitment letter)	
	Date	

OFFICIAL USE ONLY

ACCOMMODATION DETAILS

On Campus: Block	Room Number
Off Campus: Street	House Number

HEAD OF DEPARTMENT

I certify that the candidate is recommended for registration in my Department to pursue a

Comments if any

Name	Signature and official stamp	Date

COLLEGE PRINCIPAL

I certify that the candidate is registered for [] programme with

Registration Number	Date
Name of the Principal	Signature and official stamp