



# THE UNIVERSITY OF DODOMA

## REGISTRATION FORM FOR CONTINUING POSTGRADUATE STUDENTS

### 2019/2020

Attach Colored  
passport  
size photograph

#### CANDIDATE PERSONAL DETAILS

Surname	Middle Name	First Name	
Registration Number	Programme	Department	College/Institute
Programme Mode. Full Time/ Part time	Nature of Programme. Research Alone/Course Work & Dissertation	Year of Study	
Did you complete Course Work (if applicable) Yes/No	What Stage have you reached in dissertation or thesis writing?		

#### CONTACT ADDRESS

Mobile Number	Email	Bank Account Number	Bank Name

#### PARENT/GUARDIAN

Name	Relationship	Address	Mobile Number

Certification: I certify that the above information is true to the best of my knowledge.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### OFFICIAL USE ONLY

#### ACCOMMODATION DETAILS

Nature of Accommodation: On Campus: Room No	Block No.		
Off Campus address: Area	House Number Street	Direct Costs: Receipts Number	Date

#### TUITION FEE DETAILS

Sponsor	Tuition Fee Payment: TZS	Receipt Number	Cashier's signature official stamp

#### COLLEGE/INSTITUTE

Department	HoD Name	Signature	Date
College/Institute	Principal/Director	Signature	Date

\* This form should be filled in quadruplicate.

\* Attach copies of receipts.