



FOR OFFICIAL USE ONLY

Affix 2 stamp size

photos with names
written at the back



ARCHBISHOP JAMES UNIVERSITY COLLEGE (AJUCO)

(A Constituent College of St Augustine University of Tanzania)
P.O Box 466, Songea, Tanzania

SAUT – SONGEA

0767067777; 0622110120

E-mail: info@ajuco.ac.tz, admission@ajuco.ac.tz, Website: www.ajuco.ac.tz

APPLICATION FORM FOR ADMISSION

ACADEMIC YEAR 2017 /2018 CERTIFICATE AND DIPLOMA PROGRAMMES

(Note: Please fill all details in block letters)

1.0 PERSONAL PARTICULARS

1.1 Surname:

First Name: Middle Names:

(Note: The names and initial entered in this form must be exactly the same as those appearing on your Form IV or Form VI or other certificates to be used for admission. If there is no surname or middle name in your certificate, please do not write it)

1.2 Sex: Male: Female:

1.3 Date of Birth:

1.4 Place of Birth: 1.5 Citizenship:

1.6 Religion: 1.7 Marital Status:

1.8 Address:

1.9 Telephone Number(s): E-mail:

1.10 Profession:

1.11 Father's name: Occupation:

1.12 Mother's Name: Occupation:

1.13 Do you have any kind of disability? Yes: No: If yes, specify.....

(Note: This Information is required in order for the University to arrange appropriate means of assisting you once admitted. It will in no way affect the decision to admit you)

2.0 FOR EMERGENCIES: Person to be contacted

2.1 Full Name:

2.2 Relationship:

2.3 Address

2.4 Telephone Fax: E-mail

ADMISSIONS OFFICE
ARCHBISHOP JAMES UNIVERSITY COLLEGE
P.O. Box 466
SONGEA - TANZANIA

3.0 EDUCATIONAL BACKGROUND AND EMPLOYMENT RECORD

ALL.SEC.SCHOOLS ATTENDED	LOCATION	DATES FROM (MONTH/YEAR)	TO (MON/YR)	CERT.INDEX NO

3.1 University/College Education

Have you attended this University/College or any other Institutions of Higher Learning before?

Yes: No:

If yes, provide details in the table below.

S/N	Institution Attended	Status (Graduated/ Discontinued/Absconded)	If graduated give qualification attained	Date Obtained

Total number of years of schoolingyearsmonths.....

3.2 Employment Record

Please give details of your employment record in the table below.

S/N	Name of Employer	Post Held	Dates

4.0 Programme Sought in Order of Preference (Select from the list attached)

Order of Preference	Faculty	Programme Code	Full Name of Programme
1 st Choice			
2 nd Choice			
3 rd Choice			

5.0 Language fluency

Language	Spoken			Written		
	Fair	Good	Very good	Fair	Good	Very good

ADMISSION OFFICER
 ARCHBISHOP JAMES UNIVERSITY COLLEGE
 P. O. Box 466
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6.0 REFEREES

Names and addresses of two referees who know your ability as a student and can assess your competence in written and spoken English

(a) Full Name:
Address:.....

(b) Full Name:
Address:.....

Declaration

I declare that all information given in this form is correct.

Signature of Applicant: Date.....

8.0 PAYMENTS

Your non-refundable application fee of TShs. 20,000/= should be paid to
NMB Bank
Ac/Name: Archbishop James University College
Ac/No.: 61810020567 (No Cheques are accepted).

9.0 ATTACHEMENTS

Please include the following in this application:

- (a) A Medical Doctor's Certificate stating that you are fit to follow this course.
- (b) Two (2) passport size photos of yourself (Colored).
- (c) Photocopies of your School Certificates or Results Slip (Form IV and Form VI).
- (d) Photocopy of your Birth Certificate
- (e) Original pay-slip of TShs. 20,000/= (for Tanzanian) or \$ 25 (for Foreigner)

When you have attached all required materials kindly send this application form to:

**Admissions Office,
Archbishop James University College (AJUCO),
P.O Box 466
SONGEA,
TANZANIA.**

N.B. (Please do not send the form by Fax or by Email

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