Attach one (1) recent color Passport size photo

For official use only:
DR. _____
E.C. _____ S._____
D.E _____

TUMAINI UNIVERSITY MAKUMIRA

Application for Admission for *Academic Year 2014-2015 programmes.*

I. PERSONAL INFORMATION *Please Write in BLOCK Letters*

Surname		Mailing Address	
First Name			
Middle Name		City	
		Region	
Gender		Country	
Marital Status		Phone Number	
Date of Birth		Mobile Number	
Place of Birth		Fax Number	
Nationality		E-mail Address	

II. EDUCATION INFORMATION

O-Level School		**A-Level School**	
Name of School		Name of School	
Index Number		Index Number	
Mailing Address		Mailing Address	
City		City	
Region		Region	
OTHER RELEVANT DEGREE/COURSES ATTENDED			
Type of Course		Type of Course	
Name of School/College		Name of School/College	
City		City	
Region		Region	

III. EMPLOYMENT EXPERIENCE

1.	Name of Employer	
	Address of Employer	
	Period of Employment	
	Occupation	
	Name of Supervisor	
2.	Name of Employer	
	Address of Employer	
	Period of Employment	
	Occupation	
	Name of Supervisor	

IV. RELIGIOUS INFORMATION

Religious affiliation		Local Religious Leader and Address	
Denomination			

V. FINANCIAL SUPPORT FOR STUDIES

Name of Sponsor			
Mailing Address			
City/Region,			
Country			
Phone Number		Fax Number	
E-mail Address			

VI. FAMILY INFORMATION

Name of Father		Mailing Address	
Occupation		Employer	
Educational Level		Ethnic Identity	
Name of Mother		Mailing Address	
Occupation		Employer	
Educational Level		Ethnic Identity	
Name of Spouse		Mailing Address	
Occupational		Employer	
Educational Level		Ethnic Identity	
Number of Children		Ages of Children	
Number of Brothers		Number of Sisters	

VII. EMERGENCY CONTACT (Provide two names and addresses)

1. Contact Name		2. Contact Name	
Relationship		Relationship	
Mailing Address		Mailing Address	
Phone Number		Phone Number	
Mobile Number		Mobile Number	
Fax Number		Fax Number	
E-mail Address		E-mail Address	

VIII. PERSONAL REFERENCES

Please give names of two referees from whom information can be sought on:

- Academic Integrity.
- Status of Responsibility/Position

1. Reference Name		2. Reference Name	
Mailing Address		Mailing Address	
Phone Number		Phone Number	
Mobile Number		Mobile Number	
Fax Number		Fax Number	
E-mail Address		E-mail Address	

IX. ACADEMIC PROGRAMMES

Indicate your preference using numbers 1, 2 and 3 next to the respective programme

PROGRAMMES OFFERED AT TUMAINI UNIVERSITY MAKUMIRA

	Faculty/ Department/Programme	Preference
	FACULTY OF THEOLOGY	
1	Bachelor of Divinity	
2	Master of Theology in Old Testament	
3	Master of Theology in New Testament	
4	Master of Theology in Systematic Theology	
5	Master of Theology in Church History	
6	Master of Theology in Missiology	
7	Master of Theology in Pastoral Care and Counseling	
8	Master of Theology in Health and Gender	
9	Master of Theology in Pastoral Care and Counseling and HIV/AIDS Prevention	
10	Doctor of Philosophy in Theology	
	FACULTY OF HUMANITIES AND SOCIAL SCIENCES	
1	Bachelor of Arts – Languages	
2	Bachelor of Arts in Education (History, Geography, Computer Science)	
3	Bachelor of Arts – Music	
4	Master of Arts – Kiswahili Studies	
5	Master of Arts – English Language Teaching	
6	Master of Arts in Educational Management	
	FACULTY OF EDUCAITON	
1	Postgraduate Diploma in Education	
2	Bachelor of Education	
3	Bachelor of Counseling	
4	Master of Education	
	FACULTY OF SCIENCE	
1	Certificate of Science in Computer and Information Management	
2	Diploma of Science in Computer and Information Management	
3	Bachelor of Science in Computer and Information Management	
	FACULTY OF LAW	
1	Certificate in Law	
2	Diploma in Law	
3	Bachelor of Laws	
4	Master of Law in Human Rights Law	
5	Master of Law in International Law with International Relations	
	FACULTY OF BUSINESS AND FINANCE	
1	Bachelor of Business Administration (BBA)	

X. DECLARATION

I declare that the information and documents provided are true and correct to the best of my knowledge.

Date…… Signature of applicant…….....……..

XI. FOR OFFICIAL USE ONLY

Remarks……

……

…….....

Title:……..... Signature:……..…….....

Date……

NOTES:

1. Students should arrange for their own accommodation

2. Please complete pages 1-5 and also attach:

- ***Certified copies of "O" level, "A" level and other courses certificate and transcripts.***
- ***A copy of application fee payment slip or receipt (****see below for details)*
- ***One RECENT passport size photo***

3. For more information about admissions requirements please see the current Prospectus and Website (www.makumira.ac.z**) of Tumaini University Makumira.**

There is a non-refundable application fee of Tshs 30,000.

Payment must be made to the College's bank account
and copies of the payment slip must be attached with your form.

Bank name: CRDB BANK PLC
Branch: Meru - Arusha
Account Name: Tumaini University Makumira
Account number: 01J 1035922100

Please send the above materials to:

Deputy Vice Chancellor for Academic Affairs
Tumaini University Makumira
P. O. Box 55
Usa River, TANZANIA

FORM FOR MEDICAL EXAMINATION

To be completed by a Medical Officer

1. Personal Particulars

Student's full name …..... Age .....….....

Sex ..... Address.....

2. Physical Examination

- Weight ..... Height ..... Blood Pressure.....Pulse Rate ….....
- Vision ..... Left Eye..... Right Eye .....
- Hearing ..... Left Ear ..... Right Ear .....
- CVS .....
- Lungs .....
- Digestive System ..... Liver ..... Spleen .....
- CNS ..... UTS .....….....
- Muscular Skeletal System .....….....

Extremities .....….....

Back .....….....

- Any signs of Drug Addiction .....….....

3. Routine Laboratory Examination

- Urine - Microscopy ..... - Multistics .....
  - Serology ..... - Khan Test .....
- Stool - Microscopy ..... - Widal Test .....
- Blood - Hb ..... - Elisa Test .....
  - ESR ..... - TB Test .....
  - WBC – Total & Differential .....
- RBC.....
- Blood Group .....

4. Conclusion

Do you consider the student/candidate medically/physically

fit to pursue his/her course at Tumaini University Makumira.....….....

What condition or disability do you think has to be attended before he/she can be admitted?

.....….....

*I certify that I have examined the above named person and consider that he/she is physically and mentally **Fit / Unfit** for academic studies at Tumaini University Makumira (circle answer).*

Date .....

Signature .....

Name .....

Designation .....

Note: This report is subject to verification by a qualified Medical Doctor (TUMA January 2014)