

# UNIVERSITY OF DAR ES SALAAM



## DIRECTORATE OF UNDERGRADUATE STUDIES

### NOTE

- a. This form must be **completed in duplicate** by every first-year student at the time of registration.
- b. When completed and certified by the respective College/School/Institute on behalf of the Deputy Vice Chancellor Academic, one copy will be retained by the respective College/School/Institute and the second will be submitted to the office of the Director of Undergraduate Studies by the respective College/School/Institute.

**Photo**

COLLEGE/SCHOOL/INSTITUTE .....

DEPARTMENT .....

PROGRAMME .....

1. **Registration Number**..... (Must be the same as that appearing in your Admission Letter)
2. **Surname (or Last Name)** (Block Capitals) .....
3. **First Name** (Block Capitals) .....
- Middle names** (Block Capitals) .....
- (Please do not enter in this form any new name; Enter your names as they appear on your Certificates)*
4. **Date of Birth** (Day ..... Month ..... Year ..... )
5. **Origin** (Country..... Region ..... District..... Nationality..... )
6. **Marital Status** (Tick One): Married ( ) Single ( ) Divorced ( ) Widowed ( )
7. **Contacts**  
 Permanent Home Address .....
- Telephone Number ..... Email address .....
8. **Religion** (e.g. Christian, Muslim, etc.) ..... **Denomination** (e.g. Lutheran, Sunni etc.) .....
9. **Campus residence** (e.g. Hall 4, Magufuli Hostel etc) .....
10. **If you are residing off-campus state the address** .....
11. **Do you have physical disabilities** (NOTE: This information prepares the University to receive you and it will not mitigate against your registration)

YES ( ) / NONE ( ): (if yes fill in the blanks below)

- (a) Vision/mobility/speech/hearing/others .....
- (b) Type and magnitude .....
- (c) Duration of the disability .....
- (d) Type of supportive gear being used/required .....

**12.** Have you been receiving any humanitarian support for your disabilities? **Yes** ( ) / **No** ( ): If yes, give the name and address of a person or organization which supports you.

.....  
 .....

**13.** Your entry qualifications to this University (Tick whichever is applicable)

- (a) Advance Level Secondary Education qualifications. ( )
- (b) Equivalent qualification (e.g. Certificate/Diploma) ( )

**14.** Do you hold originals of the following documents (Answer with Yes or No, if no state the reasons)

- (a) C.S.E.E/Form IV or Equivalent Certificate? .....
- (b) A.C.S.E.E./Form VI or Equivalent Certificate? .....
- (c) Birth Certificate? .....

(Please attach copies of these documents)

**15. Employment:** Are you employed? **Yes** ( ) / **No** ( )

If yes, indicate your employer .....

**16.** What are your extra curricula activities? .....

**17.** Membership in organizations

Name of Organization	Membership card No.	Posts held in the Organization

**18.** What is your occupational goals?

1<sup>st</sup> Choice ..... 2<sup>nd</sup> Choice ..... 3<sup>rd</sup> Choice .....

**19. Parents/Guardian Information**

**a. Father**

Names: ..... Occupation .....

Physical Address .....

Telephone ..... Email .....

**b. Mother**

Names: .....Occupation .....  
Physical Address .....  
Telephone ..... Email .....

**c. Guardian or Next of Kin (the person to be contacted in case of emergency)**

Names: ..... Occupation .....  
Relationship..... Physical Address .....  
Telephone ..... Email .....

**20. DECLARATION BY THE STUDENT**

*(Incorrect information may lead to serious consequences as stated in the admission letter, i.e. cases of impersonation of documents or forgery whenever discovered, either at registration or afterwards, will lead to automatic cancellation of admission or degree offered*

(a) I declare to the best of my knowledge that all the information given in this form are true and correct.

(b) (i) **I DO HEREBY UNDERAKE** to study diligently and to seek the truth of knowledge.

(ii) **I DO HEREBY UNDERTAKE** to obey all lawful authorities in the University to observe the Regulations Governing Admissions, Examinations and Students By- Laws of the University, **TO EXERCISE DISCIPLINE** and also to promote the good name of the University and the Country.

**Signature ..... Date.....**

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*(For Office Use Only)*

**Officer in Charge at the College/School/Institute**

*I declare that the certificates submitted by the candidate for verification are true copies of the original documents and they represent the student's qualifications. The candidate is hereby registered for Semester One ( )/Whole Year ( )of the ..... academic year.*

*Full Name .....Signature .....*

*Date ..... Official Stamp*