



# THE UNIVERSITY OF DODOMA

## STUDENT REGISTRATION FORM 2019/2020

(CONTINUING STUDENT'S)

SEMESTER II - MARCH, 2020

Attach Colored  
passport  
size  
photograph

**Instructions:** Photocopy this form and fill in FOUR (4) original copies. Retain ONE (1) copy which will be submitted to the ID officer and the remaining copies to be handled to the Principal/Director of Institute/Head of Department.

### Student's Details

Programme		College		Department	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Surname (As in your certificates)	Middle Name (As in your certificates)	First Name (As in your certificates)		Sex (F/M)	
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	
Nationality		Date of Birth (DD/MM/YEAR)		Year of Study	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
O' Level School		F4 Index Number		Year	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
'A' Level School/ College		F6 Index Number /Certificate AVN		Year	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Diploma	College Name	Diploma AVN	Year		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

### Contact Address

<sup>2</sup> Whichever is applicable

Mobile Number	Email	Bank Account Number	Bank Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Parent/Guardian

Name	Relationship	Address	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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	<input type="text"/>	Hall of Res.	<input type="text"/>
Off Campus address: Area	House Number	Street	Direct Costs: Receipts Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Date
			<input type="text"/>

#### Tuition fee Details

Sponsor	Tuition Fee Payment: TZS	Receipt No	Cashier's signature & stamp
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### College/Institute

Department	HoD Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College/Institute	Principal/Director	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>