



**SOKOINE UNIVERSITY OF AGRICULTURE**  
**DIRECTORATE OF RESEARCH AND POSTGRADUATE STUDIES**  
 P.O. Box 3151, Morogoro, E- Mail drpgs@suanet.ac.tz, Fax 255 23-2-60 4388

**APPLICATION FOR ADMISSION/ REGISTRATION AS A STUDENT FOR HIGHER DEGREE**

**A: TO BE COMPLETED BY THE APPLICANT:**

1. Surname (Block letters).....
2. First Name: .....Other names.....
3. Present Address:  
.....  
.....
4. Date of Birth:..... Country of Birth .....Citizenship .....
5. Sex..... Marital status.....
- 6 Present employment.....
7. Financial sponsor.....
8. Institution where work is to be done:  
 (i) If at Sokoine University of Agriculture, name of the Faculty/Institute:  
.....  
 (ii) If not at Sokoine University of Agriculture, name of the Institution:  
.....
9. State degree you wish to study:-  
.....
- 10 Field of study, and indicate whether full time or part time student  
.....
11. Qualifications to support application (include three certified copies of the degree certificate and transcript):

Name of Institution	Years attended From To	Degree and Academic Distinction	Area of Specialization

Please contact two persons who are prepared to act as referees on your behalf, and request them to fill and send the Referee letters to the Director, Research and Postgraduate Studies. They should be well placed to report on your potential as a postgraduate student in your chosen field of study.

- (1) Name and address of the first referee:  
.....  
.....
- (II) Name and address of the second referee:  
.....  
.....

Signature of applicant:.....Date:.....

**B: TO BE COMPLETED BY THE EMPLOYER**

- 1. Has the applicant been confirmed in his/her employment? \*Yes/No
- 2. How long has the applicant been in service? (years).....
- 3. Do you recommend this applicant:  
.....
- 4. If the applicant gains admission, will you release him/her for studies? \*Yes/No
- 5. If the applicant gains admission, will you support him/her financially? \*Yes/No
- 6. Signature and stamp of Employer: .....
- Date: .....

***[If not employed by the government or public/private institution, ignore part B]***

**C: FOR OFFICIAL USE ONLY**

- 1. The Department/Institute to host the candidate:  
.....
- 2. I confirm that this application has been recommended for approval by the Faculty/Institute Board and that I am satisfied with the degree of supervision that will be available for the candidate. The degree will be sought by thesis and /by course work.  
  
Signed by Chairman of the Faculty/Institute Board.....  
Date: .....
- 3. Recommended for approval by the Postgraduate Studies Committee of Senate on  
.....  
  
Minute No:.....Signature.....Date.....
- 4. (i) Approved by Senate on .....Meeting No:.....  
  
OR  
(ii) Approved by the Vice Chancellor on behalf of Senate  
  
Date:.....
- 5. Effective date of registration: .....

\*Delete which ever is inapplicable

**N.B: Three copies of this form to be completed by each applicant and his employer and then returned to the Director, Research and Postgraduate Studies, P.O. Box 3151, Chuo Kikuu, Morogoro, TANZANIA**