

MWENGE CATHOLIC UNIVERSITY (MWECAU)

“Lux Mundi - Light of the World”

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APPLICATION FORM FOR POSTGRADUATE PROGRAMMES

To be filled and sent to the Directorate of Postgraduate Studies, Mwenge Catholic University.

Academic Year for which Admission is being sought (e.g 2020/2021).....

Programme offered by postgraduate Studies (tick one)

1. Doctor of philosophy in Education
 - i. Curriculum Studies ()
 - ii. Educational Administration and Planning ()
 - iii. Educational Assessment and Evaluation ()
2. Master of Education in
 - i. Planning and Administration ()
 - ii. Curriculum Development and Instruction ()
 - iii. Assessment and Evaluation ()
 - iv. Professional Practice in Secondary Education ()
 - v. Professional Practice in Higher Education ()
 - vi. Higher Education Management ()
3. Master of Business Administration, MBA in
 - i. Accounting ()
 - ii. Finance ()
 - iii. Marketing ()
 - iv. Human Resources Management ()
4. Post Graduate Diploma in Education (1 year course work and 10 weeks teaching practice). ()
5. Post Graduate Diploma in Business Administration (1 year). ()

1. Application Fee

A non-refundable application fee of T.shs 30,000 for nationals and US\$30 for Non Tanzanians will be required. (Enclose Bank deposit slip) payable to NBC Moshi branch, Mwenge Catholic University Account No. 017103005324

2. Check list

- Read all the instructions carefully
- Fill in the application form and sign it
- Attachments to the application form

1	Three letters of recommendation (sealed and signed)
2	Copies of secondary School Certificates
3	Copy of Birth certificate
4	Copies of diploma, certificates, and degrees. Successful applicants will be required to bring the originals for verification at the time of registration
5	CV detailing employment and self-employment experience
6	Brief statement of purpose for pursuing the postgraduate programme (one page)
7	Two passport-size coloured photograph (with your name written at the back)
8	An original receipt (bank pay-in-slip) indicating payment of the Non-refundable admissions fee
9	Evidence of sponsorship (or self sponsored)
10	A letter from employer indicating willingness to release if admitted for regular mode (employed students only)

Please affix one (1) passport size colour photograph here

FOR OFFICIAL USE ONLY

Received on..... Comments of PSC on status of Admission: Yes () No ()

3. Applicants Biographical Information

THE BIOGRAPHICAL INFORMATION COLLECTED ON OR IN CONJUNCTION WITH THIS FORM IS REQUIRED TO DETERMINE YOUR ELIGIBILITY FOR ADMISSION AND WILL BE USED TO CONTACT YOU REGARDING UNIVERSITY PROGRAMMES AND SERVICES. IT WILL FORM PART OF YOUR RECORD AS AN APPLICANT, STUDENT AND ALUMNUS.

Biographical (Personal) Information				
Surname/Family Name			Other Name(s)	
Title(Mr/Mrs/Miss/Ms)	Date of birth	Country of birth	Nationality	Disabilities/Special needs Yes [] No []
Permanent Address			Nature of disability/ Special needs (if any).	
Telephone Numbers • Landline • Mobile		Fax Number E-mail Address		

Employment Record (if any).			
Institution (Current Employer).	Position	From:	To:
Nature of Work (Responsibilities)			
If you are admitted into our Postgraduate programme, do you think your employer will release you? Please tick (✓) Yes [] No [] If yes provide evidence			

Academic and Professional Qualifications		
Highest Academic Qualification Attained	Institution	Year of Graduation
Specialisation	Undergraduate/postgraduate GPA	
Other Academic or Professional Qualifications		

NB: PLEASE NOTE THAT STUDENTS SHALL BE REGISTERED BY NAMES APPEARING ON THEIR CERTIFICATES. CHANGE OF NAMES SHALL NOT BE ALLOWED DURING THE ENTIRE PERIOD OF STUDY.

Referees	<i>Please give the names and address of three persons who are acquainted with your academic or professional work and enclose their letters of recommendations with this application confirming you have done so by ticking the appropriate boxes</i>	
<i>Name</i>	<i>Address</i>	
<i>Recommendation enclosed []</i>	<i>e-mail</i>	
<i>Name</i>	<i>Address</i>	
<i>Recommendation enclosed []</i>	<i>e-mail</i>	
<i>Name</i>	<i>Address</i>	
<i>Recommendation enclosed []</i>	<i>e-mail</i>	

Evidence of sponsorship		
<i>How do you intend to finance your studies?</i>		
<i>Self []</i>	<i>Employer []</i>	<i>Other (s) please specify</i>
<i>Name and address of your financial sponsor (if applicable)</i>	<i>Name</i>	<i>Address</i>

Declaration	<i>I certify that the information given in this application form and the supporting documents are accurate and complete and I understand that I am liable for misrepresentation of facts on this application, which may be taken as a cause for disciplinary and legal action.</i>
<i>Signature</i>	<i>Date</i>

REFEREE'S RECOMMENDATION FORM

(Please type or use block capitals in black ink and write inside the boxes)

Applicant	<i>Please complete this section. Give this form to the person who will act as your referee. Return your application form with a sealed letter of recommendation.</i>
Surname/Family Name	Other Name (s)
Programme applied for
Applicant's Signature	Date

Referee	<i>To enable us assess the candidate's suitability for the programme, we kindly request that you evaluate the candidate in the areas indicated in the table below (Tick the appropriate cell). Please indicate the applicant's qualifications and potential to undertake advanced study/research. Describe the applicant's motivation and intellect and indicate both strong and weak points. Please write frankly.</i>
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How long have you known the applicant?					
In what capacity?					
	Excellent	Good	Average	Poor	Very poor
Intellectual ability					
Capacity for Original Thinking					
Maturity					
Motivation for postgraduate studies					
English Language proficiency	Written				
	Oral				
Ability to work with others					
Other talents /capabilities worth mentioning					
What do you consider to be the applicant's weakness?					
What is your recommendation on the suitability of the applicant to the applied programme?					
Give other additional comments that you consider relevant about the applicant.					

Referee's Name and Contacts.	
Name	Title(Prof./Dr./Mr./Mrs./Miss./Ms)
Institution	Position
Postal Address	Telephone (Landline) Mobile No.
Fax	e-mail
Referee's Signature	date

Please enclose the completed form in a sealed envelope and sign it across the seal. Return the envelope to the applicant, who will forward it with her/his application to:

**The Director of Postgraduate Studies,
Mwenge Catholic University, P.O BOX 1226, MOSHI - TANZANIA**