



SOKOINE UNIVERSITY OF AGRICULTURE

DIRECTORATE OF POSTGRADUATE STUDIES, RESEARCH, TECHNOLOGY TRANSFER AND CONSULTANCY

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APPLICATION FOR RESEARCH ASSOCIATESHIP

A	TO BE FILLED BY THE APPLICANT
1.	Surname:.....
	Other names:.....
	Nationality:.....
	Qualifications:.....
2.	Institution of affiliation (to attach letter of recommendation):

	Postal address:.....
	TelephoneFax.e-mail.
3.	Source of funds (to attach letter of approval):.....
4.	Estimated period of Research:..... (months)
	Date of commencement:.....
	Date of completion:.....
5.	Field and Topic of Research:

6.	Research objectives
	(a).....
	(b).....
	(c).....
7.	Location of Research (e.g. Region, District, etc.).....
8.	Access sought:
	(a) Public records: Yes/No*.
	If yes, which records:.....
	(b) Interview with Government officers: Yes/No*
	If yes which classes of Government officers?.....
	(c) Interview with members of the public: Yes/ No*.
	(d) If yes, on what subjects, where and how will they be selected?

9.	Please attach:
	(a) Short description of your research proposal; one page in length (3 copies)
	(b) Your curriculum vitae (three copies)
	(c) Names and addresses of two referees
	(d) Name and address of contact person in case of emergency
10.	Declaration by applicant:
	I have read and agree to abide by the regulations and guidelines for research associate ships at
	Sokoine University of Agriculture if my application is approved. I also abide to conduct myself
	with discretion while in Tanzania.

	Signature:.....Date:.....

12. (a) Local contact person commitment
- I confirm that I am willing to act as a local contact person for the applicant
- Name.....
- Department.
- Telephone e-mail:
- Signature.** **Date:**
- (b) I confirm that this application has been recommended/not recommended for approval by the Department of
- Signed** (Head of Department) **Date**.....
- (c) Recommended/not recommended by the Research and Publications Committee of Faculty/Institute of
- Signed** (Chairperson Faculty/Institute R&PC) **Date**.....
- (d) I confirm that Board of the Faculty/Institute of has recommended /not recommended this application for approval.
- Signed:** (Dean/Director) **Date:**.....
- (d) Recommended for approval by Senate Research and Publications Committee:
- Signed:** (Chairperson SR&PC) **Date:**.....
- (e) Approved by Senate
- Signed:** (Vice Chancellor) **Date:**

* Delete what is not applicable

Please note that:

- (a) *Applications must be submitted at least four months prior to the intended period of commencement of research,*
- (b) *Research associate ship will be awarded for a period not exceeding one year. Applications for period of less than two months will be considered also depending on the type of intended work,*
- (c) *Applications for renewal should be submitted to the University at least two months before the expiry of the registration,*
- (d) *Applicants should not arrive in Tanzania before receiving a letter from the University, formally according them the status of Research Associate, and*
- (e) *Details on Regulations and Guidelines for Research Associate ships can be found in the Research Associate ship brochure.*