



SOKOINE UNIVERSITY OF AGRICULTURE

DIRECTORATE OF POSTGRADUATE STUDIES, RESEARCH, TECHNOLOGY TRANSFER AND CONSULTANCY

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STUDENTS REGISTRATION FORM

1. Registration No:.....
2. Programme of registration:.....
3. Surname:.....First nameMiddle names
4. Sex:.....
5. Date of Birth:..... Place of Birth:.....
6. Nationality:.....
7. Present address:.....
Tel. (Fixed) (Mobile):.....E-mail:.....
8. Marital status :.....(State whether married, single or Divorced).....
9. Full name of Spouse (if married):.....No. of Children.....
10. Contact address of Spouse:.....
.....
Tel (Fixed)..... (Mobile):..... E-mail:.....
- 11 Name and address of next Kin (State relationship):.....
.....
Tel.(Fixed); (Mobile):.....; E-mail.....
- 12 Employer's Name and address (If any) :.....
.....
Tel.(Fixed):.....Fax:.....(Mobile)..... E-mail:.....
- 13 Degree for which registration is sought:.....
- 14 College/Department:.....
- 15 Proposed mode of study (full time/part-time.....
- 16 Effective date of registration:.....
- 17 Expected date of completion:.....
- 18 Name and address of financial sponsor (if any):.....
.....
Tel. (Fixed) (Mobile):..... E-mail.....

I certify that the statement made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief.

CANDIDATE'S SINGATURE..... DATE:.....

FOR OFFICIAL USE

Remarks by DPPGS

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