



JORDAN UNIVERSITY COLLEGE

A Constituent College of St. Augustine University of Tanzania

P.O. Box 1878 Morogoro, Tanzania

Application Form for Bachelor Programmes 2019/2020

(Note: Please fill-in all details in block/cap letters)

Attach one passport size photo with name clearly written at the back

(Please tick the programme you are applying for)

Programme (NTA Level 7-9)	Choice	Programme (NTA Level 7-9)	Choice
Bachelor of Accounting and Finance		Bachelor of Business Administration (Procurement)	
Bachelor of Arts in Economics		Bachelor of Laws	
Bachelor of Arts in Education with Religious Studies		Bachelor of Science in Psychology & Counselling	
Bachelor of Arts in Philosophy		Bachelor of Arts in Library, Records and Information Management	
Bachelor of Arts in Theology			
Bachelor of Arts with Education			
Bachelor of Business Administration (Entrepreneurship)			
Bachelor of Business Administration (Marketing)			

Personal Particulars

1. Student's Names on the School Certificate

(Note: The names and initial entered in this form must be exactly as those appearing on your ASCEE – Form VI or other certificate to be used for admission. If there is no surname or middle in your certificate please do not write it)

Surname: _____

First Name: _____ Middle Names: _____

2. Student's Names on Birth Certificate or an ID (Passport)

Surname: _____

First Name: _____ Middle Names: _____

3. Student's Religious Name (if applicable):

4. Sex: Male Female 5. Date of Birth (day/month/year): _____

6. Place of Birth: _____ 7. Region: _____ 8. Country: _____

9. Nationality: _____ 10. Citizenship: _____ 11. Tribe: _____

12. Religion: _____ 13. Marital Status: _____

14. Address: _____

15. Contacts: Tel.: _____ Fax: _____ Email: _____

16. Profession: _____

17. Father's Name: _____ Occupation: _____

18. Mother's Name: _____ Occupation: _____

19. Disability: Do you have any kind of disability? Yes: No:

If yes, please specify: _____

(Note: This information is required in order to arrange appropriate means of assisting you once admitted. It will in no way affect the decision to admit you)

For Emergencies: Persons to be contacted

Full Name: _____

Relationship: _____

Address: _____

Contacts: Tel.: _____ Fax: _____ Email: _____

Full Name: _____

Relationship: _____

Address: _____

Contacts: Tel.: _____ Fax: _____ Email: _____

For Religious/Diocesan Students (Students belonging to Religious Congregations/Dioceses)

Name of the Congregation/Diocese: _____

Address of the Superior/Bishop: _____

Contacts: Tel.: _____ Fax: _____ Email: _____

3.4 Date & Signature: _____

Official Stamp or Seal

For Non Tanzanians

Resident Permit (a copy is required)

Date of Issue (d/m/y): _____ Valid to (d/m/y): _____

