



# JORDAN UNIVERSITY COLLEGE

A Constituent College of St. Augustine University of Tanzania  
P.O. Box 1878 Morogoro, Tanzania

## Application Form for Masters' 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	Choice	Programme	Choice
Master of Arts in Philosophy (Applied)			
MBA (Finance and Corporate Management)			
Master of Education (Curriculum and Instruction)			
Master of Education (Planning and Administration)			
Master of Religious Studies with Education			

### 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):

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4. Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	5. Date of Birth (day/month/year):	
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6. Place of Birth:		7. Region:		8. Country:	
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9. Nationality:		10. Citizenship:		11. Tribe:	
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12. Religion:		13. Marital Status:	
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14. Address:				
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15. Contacts:	Tel.:	Fax:	Email:
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16. Profession:			
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17. Father's Name:		Occupation:	
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18. Mother's Name:		Occupation:	
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19. Disability:	Do you have any kind of disability?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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If yes, please specify:			
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(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			
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Relationship			
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Address:			
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Contacts:	Tel.:	Fax:	Email:
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Full Name			
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Relationship			
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Address:			
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Contacts:	Tel.:	Fax:	Email:
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### For Religious/Diocesan Students (Students belonging to Religious Congregations/Dioceses)

Name of the Congregation/Diocese:			
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Address of the Superior/Bishop:			
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Contacts:	Tel.:	Fax:	Email:
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3.4 Date & Signature:			
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Official Stamp or Seal

### For Non Tanzanians

Resident Permit (a copy is required)			
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Date of Issue (d/m/y):		Valid to (d/m/y):	
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Date of Renewal (d/m/y):		Valid to (d/m/y):	
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Passport (a copy is required)	No: <input type="checkbox"/>	Country:	
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Date of Issue (d/m/y):		Valid to (d/m/y):	
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**Education Background** (Please attach copies of your certificate(s), transcript(s), and/or official award letter(s) to your application.)

School/College/University	Years			Cert. Index No
	Location	From	To	

**Employment Record**

(Please list your current and previous employment in chronological order, putting your present or most recent post first. Short periods of vacation work, unless they are particularly relevant to your proposed course, should be excluded)

Name of Employer & Location	Post Held	From (month/year)	To (month/year)

**Any other relevant qualification or experience**

1. \_\_\_\_\_
2. \_\_\_\_\_

**Source of Information** (Please indicate where you first learned about this College and the programmes)

Internet   
  TCU   
  Prospectus   
  College Staff   
  Newspaper   
  Student

Other (please specify) .....

**Declaration**

I declare that all information given in this form is correct: Signature of the Applicant: ..... Date: .....

**Payments**

Submission of dully filled application form should be accompanied with payment of non-refundable Application Fee of TSHS 20,000 (for Tanzanians) or \$25 (for non-Tanzanians). Pay the Application Fee to:  
**JORDAN UNIVERSITY COLLEGE**  
 Acc No.: 015 027 752 7900 CRDB Bank Mandela Branch, Morogoro  
 NB.: Cheques are not accepted! *Remember to use the applicant’s name and to attach the original pay-in-slip of the Application Fee to your application form.*

**Attachments**

- Please include the following with this application:
- a. A medical Doctor’s Certificate from recognised Governmental practitioner (please use our form)
  - b. One (1) passport size photos not older than three month from the day they were taken
  - c. Photocopies of all your Educational Certificates, Academic Transcripts, Curriculum Vitae and relevant testimonials.
  - d. Photocopy of Birth Certificate.(AFFIDAVIT ARE NOT ACCEPTED)
  - e. Original pay slip of TS 20,000 or \$ 25.
  - f. Two sealed forms from two academic referees as per attached form below

When you have attached all required materials and have included certification of sponsorship kindly submit it send this to the following address:

Admission Office  
 Jordan University College  
 P.O. Box 1878  
 Morogoro  
 Tanzania

**PROFESSIONAL EXPERIENCE**

List all jobs held for the past three years (if applicable)

**Position:** \_\_\_\_\_

**Company/Organisation:** \_\_\_\_\_

**Duration:** \_\_\_\_\_

**Brief job description:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Company/Organisation:** \_\_\_\_\_

**Duration:** \_\_\_\_\_

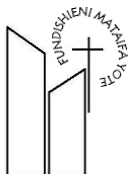
**Brief job description:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Company/Organisation:** \_\_\_\_\_

**Duration:** \_\_\_\_\_

**Brief job description:** \_\_\_\_\_



### Medical Examination Form (2019)

Surname ..... Other Names .....

Age ..... Sex Male  Female

Hereby certificate that I have this day examined the Candidate applying to study at Jordan University College and in my opinion he/she is **Fit**  **Unfit**  for studies in the University.

1. Physique .....

2. Mental state .....

3. Previous illness .....

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#### 4. Respiratory System

Girth .....

Full Inspiration .....

Full Expiration .....

a) Any abnormality on clinical examination .....

b) X-ray of chest .....

#### 5. Cardio-Vascular System

a) Rate of pulse ..... Quality of pulse .....

b) Any cardiac abnormality .....

c) Blood pressure .....

d) Any varicose veins .....

#### 6. Alimentary System and Abdomen

a) Any symptoms .....

b) Condition of: (i) Mouth .....

(ii) Teeth .....

(iii) Tonsil .....

c) Any abnormality of (i) Liver .....

(ii) Spleen .....

d) Any hernias .....

e) Any hemorrhoids .....

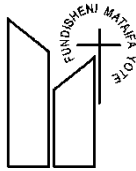
Date .....

Official Stamp  
or Seal



Signature .....

NB: This medical examination must be done in a registered government hospital!



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**Application Form for Masters' Programmes 2019/20**

**ACADEMIC REFEREE FORM**

You have been named by our applicant for postgraduate studies as his/her academic referee. Jordan University College would be grateful if you would supply information that would help us assess the candidate's suitability for the programme. Whatever information you offer shall be treated in strict confidence.

**A. Name of the student**.....

1. Personal information of the referee

- a) Name of referee .....
- b) Position .....
- c) Address .....
- d) Phone .....
- e) Email .....
- f) Signature .....
- g) Date .....

2. Please evaluate the applicant with respect to each of the following attributes:

Attribute	Excellent	Very Good	Good	Average	Poor
Academic Capacity					
Command of Spoken English					
English Writing Skills					
Resourcefulness					

3. What is your opinion of the candidate's suitability for the programme

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Send the completed application forms by post or by hand to the:

Admission Office  
 Jordan University College  
 P O Box 1878  
 Morogoro