



JORDAN UNIVERSITY COLLEGE

A Constituent College of St. Augustine University of Tanzania

P.O.BOX 1878 Morogoro, Tanzania

Mob: +255717781455/ +255765660606 /+255783659567

Website: www.juco.ac.tz Email: admission@juco.ac.tz

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

APPLICATION FORM FOR POSTGRADUATE PROGRAMMES 2020/2021

| Programme Choice | | | |
|--|--------|---|--------|
| (Please tick the programme you are applying for) | | | |
| Programme | Choice | Programme | Choice |
| Postgraduate Diploma in Education | | Master of Education (Planning and Administration) | |
| Master of Arts in Theology (Biblical) | | Master of Arts in Philosophy(Fundamental) | |
| Master of Arts in Theology (Systematic) | | Master of Arts in Philosophy(Applied) | |
| Master of Arts in Theology (Moral) | | MBA (Finance and Corporate Management) | |
| Master of Education (Curriculum and Instruction) | | Master of Religious Studies with Education | |
| Personal Particulars | | | |
| 1. Student's Names (As it appears on CSEE-Form IV or ACSEE -Form IV) | | | |
| Surname: | | | |
| First Name: | | Middle Names: | |
| 2. Student's Religious Name (if applicable): | | | |
| 3. Gender: | | 4. Date of Birth (day/month/year): | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| 5. Place of Birth: | | 6. Country: | |
| 7. Nationality: | | 8. Citizenship: | |
| 9. Religion: | | 10. Marital Status: | |
| | | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow | |
| 11. Address: | | | |
| 12. Contacts: | | 13. Profession: | |
| Tel.: | | Fax: | |
| Email: | | | |
| 14. Father's Name: | | Occupation: | |
| 15. Mother's Name: | | Occupation: | |
| 16. Disability: | | Do you have any kind of disability? | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please specify: | | | |
| 17. How will you finance your studies ? | | Have a sponsor: | |
| <input type="checkbox"/> Private | | <input type="checkbox"/> Have a sponsor: | |
| If Sponsored please specify | | Name of Sponsor: | |
| | | Relationship: | |
| Address of Sponsor: | | | |
| (Note: This information is required in order to arrange appropriate means of assisting you once admitted.) | | | |
| For Emergencies: Persons to be contacted | | | |
| Full Name | | | |
| Relationship | | | |
| Address: | | | |
| Contacts: | | Email: | |
| Tel.: | | Fax: | |
| Full Name | | | |
| Relationship | | | |
| Address: | | | |
| Contacts: | | Email: | |
| Tel.: | | Fax: | |
| For Religious/Diocesan Students | | | |
| (Students belonging to Religious Congregations/Dioceses) | | | |
| Name of the Congregation/Diocese: | | | |
| Address of the Superior/Bishop: | | | |

| | | | |
|--------------------|-------------------------|------|--------|
| Contacts: | Tel: | Fax: | Email: |
| Date & Signature : | Official Stamp or Seal: | | |

For Non-Tanzanians

Resident Permit/Exemption Certificate (a copy is required)

| | | | |
|-------------------------------|-----|-------------------|--|
| Date of Issue (d/m/y): | | Valid to (d/m/y): | |
| Date of Renewal (d/m/y): | | Valid to (d/m/y): | |
| Passport (a copy is required) | No: | Country: | |
| Date of Issue (d/m/y): | | Valid to (d/m/y): | |

Education Background (Please attach copies of your certificate(s), transcript(s), and/or official award letter(s) to your application.)

| Award | School/College/University Attended | Specialization | Year of Completion | Duration | GPA/Equivalent. |
|-------|------------------------------------|----------------|--------------------|----------|-----------------|
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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)

Student College Staff Prospectus TCU/NACTE Exhibitions Internet

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 30,000 (for Tanzanians) or \$ 30(for non-Tanzanians). Pay the Application Fee through the Account Number as Shown

| SN | Bank Name | Account Name | Bank Account Number |
|----|-----------|---------------------------|---------------------|
| 1 | CRDB Bank | Jordan University College | 015 027 752 7900 |

NB: Cheques are not accepted! Remember to use the applicant's name and attach the original pay-in-slip of the Application Fee to your application form.

Attachments

Please include the following with this application:

- A medical Doctor's Certificate from recognised Governmental practitioner (please use our form)
- One (1) passport size photograph recently taken
- Photocopies of all your Educational Certificates, Academic Transcripts, Curriculum Vitae and relevant testimonials.
- Photocopy of Birth Certificate.
- Original pay slip of TS 30,000 or \$ 30 for non-Tanzanians

f. Two sealed forms from two academic referees as per attached form below
When you have attached all required materials kindly submit application form to: **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: _____

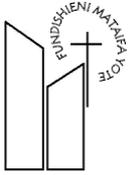
Brief job description: _____

Position: _____

Company/Organisation: _____

Duration: _____

Brief job description: _____



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Medical Examination Form (2020)

Surname Other Names

Age Gender 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

.....

.....

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 recognized hospital by government !



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ACADEMIC REFEREE FORM

Mr/ Miss/ Ms/ Mrs/. Dr:..... is applying to the Jordan University College to postgraduate study. The candidate has proposed you to be his/her referee. JUCo would be grateful if you could provide information that will help us to assess the candidate's suitability for the admission. Whatever information you offer shall be treated in strict confidence.

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 to pursue the programme

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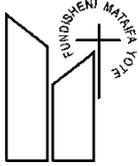
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Send the completed application forms to the: Admission Office, Jordan University College,

P O Box 1878, Morogoro. *(Candidate is required to ensure TWO confidential referee forms are submitted by the referees to JUCo)*



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- h) Name of referee
- i) Position
- j) Address
- k) Phone
- l) Email
- m) Signature
- n) Date

5. 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 | | | | | |

6. What is your opinion of the candidate's suitability to pursue the programme

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