	<b>SOKOINE UNIVERSITY OF AGRICULTURE</b> <i>Directorate of Research and Postgraduate Studies,</i> P.O. Box 3151 Morogoro, Tanzania Tel: +255 23 264 0013 Telfax: +255 23 264 0013 <b>drpgs@suanet.ac.tz</b>		
	Our Ref:	RPGS/A/30/Vol.XI	Our Date
Your Ref:		Your Date	

To: .....

Dear Mr./Ms. ....

**RE: APPLICATION OR YOUR ENQUIRY ON ADMISSION FOR POSTGRADUATE STUDIES**

This is to acknowledge receipt of your e-mail dated ..... in which you are applying for admission to pursue MA/MSc. in .....degree programme at this University during 2017/2018 academic year.

Enclosed herewith please find: **Application forms** for registration as a student for Higher Degree, and **fees structure** for your information and necessary action.

You are kindly requested to send the following application material to enable the University process your application in time.

- (a) **Three** copies of dully filled “**Application forms**” as a student for Higher Degree “ (Enclosed/Attached).
- (b) **Three** endorsed true copies of **all relevant Academic Transcripts**
- (c) **Three** copies of **all relevant Degree Certificates**
- (d) **Three** recent passport size photographs with your name printed on the back of each photograph.
- (e) **Referee reports:** Please contact two persons who are prepared to act as referees on your behalf and request them to fill the attached referee forms.


You are kindly advised to attach to the filled application forms an open Postal Order or Telegraphic Money Order of value equivalent to US\$ 20 (*for foreigners*) or Tshs.50,000/= (*for residents*) as application fee to the Directorate of Research and Postgraduate Studies, P.O. Box 3151, Chuo Kikuu, Morogoro, Tanzania. The following are details of the bank accounts to be used by the students;

<b>Name of Institution</b>	Sokoine University of Agriculture
<b>Banker</b>	CRDB Bank Plc
<b>Branch</b>	SUA
<b>Bank Account</b>	<b>0150076769860</b>
<b>Swift Code</b>	<b>CORUTZTZXXX</b>

Please note that you must submit your application forms plus the fee on time to avoid delays in processing your application.

Yours sincerely,

Ms. H. Maketa  
**For Director**

	<b>SOKOINE UNIVERSITY OF AGRICULTURE</b> Directorate of Research and Postgraduate Studies, P.O. Box 3151 Morogoro, Tanzania Tel: +255 23 264 0013 Telfax: +255 23 264 0013		
	<a href="http://www.suanet.ac.tz/drpgs">http://www.suanet.ac.tz/drpgs</a>		e-mail: <a href="mailto:drpgs@suanet.ac.tz">drpgs@suanet.ac.tz</a>

## APPLICATION FOR ADMISSION/ REGISTRATION AS A STUDENT FOR HIGHER DEGREE

### A: TO BE COMPLETED BY THE APPLICANT

1) SURNAME <i>capital letters</i>		GIVEN NAME <i>capital letters</i>		MIDDLE NAME(S) <i>capital letters</i>
2) ADDRESS OF CORRESPONDENCE Postal address. .... Telephone:.....( <i>fixed</i> ), .....( <i>mobile</i> ), .....( <i>fax</i> )..... Email. ....				
3) Age:	Date of birth			Place of birth
	Day:	Month	Year	
4) Nationality:	Sex:			Marital status
5) Name of spouse:				Number of children:
6) NAME AND ADDRESS OF A PERSON TO BE NOTIFIED IN CASE OF EMERGENCY Postal address. .... Telephone:.....( <i>fixed</i> ), .....( <i>mobile</i> ), .....( <i>fax</i> )..... Email. ....				
7) PRESENT POSITION				
8) EMPLOYER: (Name and address of your organization) <i>if applicable</i> ..... Postal address. .... Telephone:.....( <i>fixed</i> ), .....( <i>mobile</i> ), .....( <i>fax</i> )..... Email. ....				
9) State the degree you wish to study .....				
10) Field of study, and indicate whether full-time or part-time ( <i>for PhD candidates only</i> ) .....				
11) Institution where work is to be done	Sokoine University		Not Sokoine University	
	School/College/SNAL:		Name & Address:	
12) Financial sponsor	Name:		Address (including tel. fax, & e-mail)	
13) Qualification to support application ( <i>include three certified copies of the degree certificates and transcript</i> )				
	Name of	Year attended	Degree & academic	Area of specialization

	Institutions and place		distinctions	
(a)				
(b)				
(c)				
			First referee	Second referee
		Name		
		Postal address		
		Telephone		
		e-mail		
14. Applicant's	Signature .....		Date .....	

**B: TO BE COMPLETED BY THE EMPLOYER**

*[If not employed by the government or public/private institution, ignore part B]*

1. Do you recommend this application; .....
2. If the applicant gains admission, will you release him/her for studies? Yes/No\*
3. If the applicant gains admission, will you support him/her financially? Yes/No\*
4. Signature and stamp of Employer: ..... Date: .....

**C: TO BE COMPLETED BY THE FINANCIAL SPONSOR IF DIFFERENT FROM B**

1. Do you recommend this application; .....
2. If the applicant gains admission, will you support him/her financially? Yes/No\*
3. Signature and stamp of Employer: ..... Date: .....

**D: FOR OFFICIAL USE ONLY**

1. Remarks of the Admission Secretariat: Forwarded/Not forwarded for consideration by SNAL/School /College
  2. Comments by the SNAL/School/College to host the candidate: .....  
.....  
Forwarded/not forwarded for consideration  
Signature
  3. Recommendations by SNAL/School/College Postgraduate Studies committee.....  
.....  
Signature. .... Date.....
  4. I confirm that the SNAL/School/College Board has recommended this application for approval and that I am satisfied with the degree of supervision that will be available for the candidate. The degree will be sought by thesis and /by course work.  
Signed. .... (Chairperson SNAL/School/College board)  
Date.....
  5. Recommended for approval by the Postgraduate Studies Committee of Senate:  
.....  
Minute No:.....Signature.....(Chairperson SRPGSC) .Date.....
  6. (i) Approved by Senate on ..... Meeting No:.....Date .....
- OR**
- (ii) Approved by the Vice Chancellor on behalf of Senate Date:.....

**N.B:**

*Three copies of this form to be completed by each applicant and his employer and then returned to the Director, Research and Postgraduate Studies, P.O. Box 3151, Chuo Kikuu, Morogoro, TANZANIA*

	<p><b>SOKOINE UNIVERSITY OF AGRICULTURE</b>          Directorate of Research and Postgraduate Studies,          P.O. Box 3151 Morogoro, Tanzania          Tel: +255 23 264 0013          Telfax: +255 23 264 0013</p>
<p><a href="http://www.suanet.ac.tz/drpgs">http://www.suanet.ac.tz/drpgs</a></p>	<p>e-mail: <a href="mailto:drpgs@suanet.ac.tz">drpgs@suanet.ac.tz</a></p>

Name and address of Referee:

.....  
 .....  
 .....

Dear Sir/Madame

**RE: REFEREE REPORT**

Mr/Miss/Ms/Mrs/Dr/ :.....who is applying for  
 .....(name of degree) in the  
 SNAL/School/College of .....at this University for academic  
 year .....has proposed you to be his/her referee.

The University would appreciate if you could provide the following information about the candidate so that it can assist in determining suitability of the candidate for admission.

1. Duration for which you have known the candidate  (years)
2. The capacity for which you know the candidate; (i) Lecturer/Professor , (ii) Employer  Illeague  ther capacity ()
3. Academically, I rate this candidate/applicant as; (i) Very Good  (ii) Good  (iii) Satisfactory  (iv) Poor
4. In terms of interaction with others, I rate this candidate/applicant as; (i) Very Good  (ii) Good  (iii) Satisfactory  (iv) Poor
5. Do you think the candidate can pursue the degree programme she/he has indicated successfully?  
 (i) Yes;  (ii) Yes but with extra effort;  (iii) No;  (iv) Not sure

\* [Tick ever appropriate]

6 Extra comment about the candidate (please specify):  
 .....

*If the space is not enough, please use an extra sheet. Thank you for your information and be assured that this information will be confidential to the candidate.*

Name:.....Highest qualification: .....

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

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Please mail your report to: The Director, Directorate of Research and Postgraduate Studies, Sokoine University of Agriculture, P.O. Box 3151, Chuo Kikuu, Morogoro, Tanzania.