

FOR OFFICIAL USE ONLY

AFFIX 2 STAMP SIZE
PHOTOS WITH NAMES
WRITTEN AT THE BACK

(Note: Please fill all details in block letters

1.0 PERSONAL PARTICULARS		
1.1 Surname		
First Name	Ии	Middle Name
(Note : The names initial entered in this form must be exact A.C.S.E.E. (Form VI) or other certificates to be used for adm		
1.2 Sex: male Female:		
1.3 Date of birth:		
1.4 Place of Birth	tizenship:	
1.6 Religion	1.7	7 Marital status:
1.8 Address:		
1.9 Telephone Number (s):		E-mail:
1.1 Profession:		
1.11 Father's name:	• • • • • • • • • • • • • • • • • • • •	Phone Number:
1.12 Mother's name:		Phone Number:
1.13 Do you have any kind of disability? Yes No.	:	
If yes specify		
(Note: This Information is required in order for the Univer admitted. It will in no way affect the decision to admit you	-	appropriate arrangements of assisting you once
2.0 FOR EMERGENCIES: Person to be contacted		
2.1 Full Name:		
2.2 Relationship:		
2.3 Address:		
2.4 Talanhana	fov	E mail

3.0 EDUCATION BACKGROUND

Die Chillon Bilenon Chil							
S/No A	ALL SEC. S	SCHOOLS ATTENDED		FROM		TO	LEVEL
3.1 Unive	ersity/Coll	ege Education					
	,,	-8					
Have you	attended a	ny University /College or	r any other Institution	ns of High	er learning	before?	
Yes:	No:						
If was pro	ovido dotai	ls in the table below.					
ii yes, pic	ovide detai	is in the table below.					
S/No II	NSTITUTI	ON ATTENDED		IF GR	ADUATE (GIVE	DATE
						N ATTAINED	OBTAINED
4.0 Progr	ramme Sou	ught in Order of Prefere	ences (select from t	he list att	tached)		
ORDER (DEPARTMENT	PROGRAMMI	E CODE	FULL N	AME OF PROGR	AMME
PREFERI 1st Choice							
2 nd Choice							
3 rd Choi							
	'		-		•		
5.0 Finar	ncial suppo	ort indicates who will su	pport you financial	ly during	the progra	mme.	
N							
Name	• • • • • • • • • • • • • • • • • • • •				• • • • • • • • • • • • • • • • • • • •		
Address:			Tel				
Address: Tel							
Declaration							
I declare	that all info	ormation given in this for	m is correct				
C:	C A 1!	4		1			
Signature of Applicant							

6.0 PAYMENTS

For Tanzanians, pay non - refundable application fee Tsh 20,000/= for non Tanzanians pay US \$ 20 should be paid to St. Augustine University of Tanzania Arusha. Bank Account number: 0152467842001 CRDB (No Cheque are accepted)

7.0 ATTACHMENTS.

Please include the following with this application:

- a. A medical Doctors' Certificate (Download from the website)
- b. Two (2) passport size photos (colored)
- c. Photocopies of your school certificates or result slip (Form IV OR form VI).
- d. Birth certificate
- e. Original pay slip of Tshs 20,000/= (for Tanzania) or US \$ 20 (for foreigners) (Upon completion) kindly send this to Admission Office, St. Augustine University of Tanzania, P.O Box 12385 Arusha, Tanzania.

PROGRAMMES OFFERED

ACADEMIC YEAR 2022/2023

DEPARTMENT OF BUSINESS STUDIES

PROGRAMME CODE	PROGRAMME NAME	DURATION
DA	Diploma in Accountancy	2years
DBA	Diploma in Business Administration	2 years
CA	Certificate in Accountancy	1 years
CBA	Certificate in Business Administration	1 year

DEPARTMENT OF LAW

PROGRAMME CODE	PROGRAMME NAME	DURATION
DL	Diploma in Laws	2 years
CL	Certificate in Laws	1 year
LLB	Bachelor of Laws	4 years

DEPARTMENT OF EDUCATION

PROGRAMME CODE	PROGRAMME NAME	DURATION
BAED	Bachelor of Arts with education	3years

DEPARTMENT OF TOURISM

PROGRAMME CODE	PROGRAMME NAME	DURATION
BScT	Bachelor of Science in Tourism and Hospitality Management	3years

Note:

- 1. In Bachelor of Arts with education we offer Specialization in: (History, geography, Kiswahili, linguistics, and economics).
- 2. MODES OF APLLICATION
 - i. FOR ALL PROGRAMMES, APPLICANTS ARE REQURED TO APPLY DIRECTLY TO OUR CAMPUS (SAUT ARUSHA CENTRE)
 - ii. FOR OTHER PROGRAMMES LIKE DIPLOMA AND CERTIFICATE, APPLICANTS ARE REQUIRED TO APPLY DIRECT TO SAUT ARUSHA CENTRE
 - iii. Bachelor programmes are offered on full time
 - iv. Certificate and Diploma are evening programmes

ALL APPLICATION SHOULD BE ADDRESED TO

Admission Office,
St. Augustine University of Tanzania (Arusha Centre),
P.O. Box 12385,
Arusha, Tanzania.