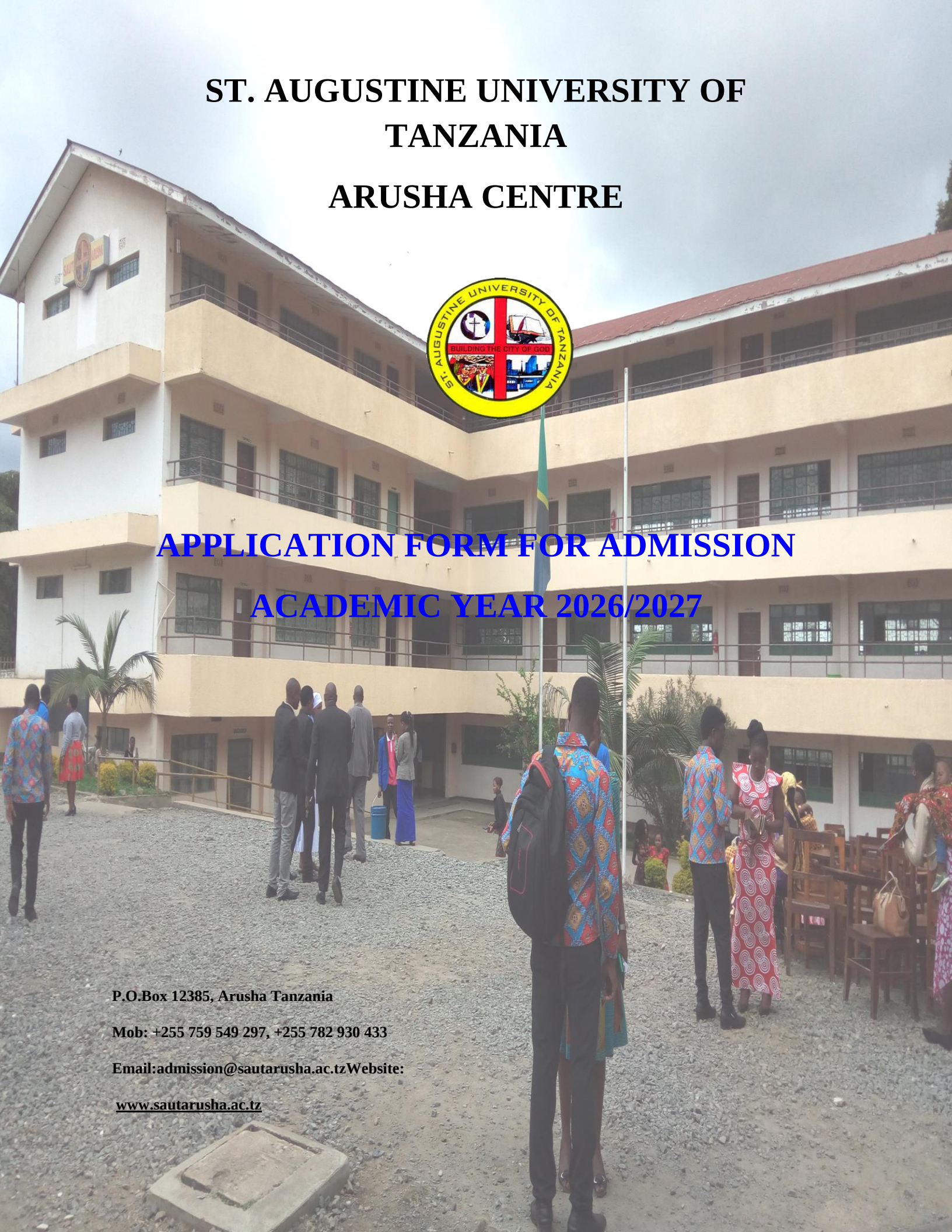
ST. AUGUSTINE UNIVERSITY OF TANZANIA

ARUSHA CENTRE



APPLICATION FORM FOR ADMISSION

ACADEMIC YEAR 2026/2027

P.O.Box 12385, Arusha Tanzania

Mob: +255 759 549 297, +255 782 930 433

Email:admission@sautarusha.ac.tzWebsite:

www.sautarusha.ac.tz

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…….Middle Name…….

(Note : The names initial entered in this form must be exactly the same as those appearing on your C.S.E.E (form iv) or A.C.S.E.E. (Form VI) or other certificates to be used for admission. If there is no middle name in your certificate please do not write)

1.2 Sex: male ☐ Female: ☐

1.3 Date of birth: ……..

1.4 Place of Birth ……..1.5 Citizenship: ……..

1.6 Religion …….1.7 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 University to make appropriate arrangements of assisting you once admitted. It will in no way affect the decision to admit you)

2.0 FOR EMERGENCIES: Person to be contacted

2.1 Full Name: ……

2.2 Relationship: ……..……..

2.3 Address: ……..

2.4 Telephone:……..fax:……E-mail……

3.0 EDUCATION BACKGROUND

S/No	ALL SEC. SCHOOLS ATTENDED	FROM	TO	LEVEL

3.1 University/College Education

Have you attended any University /College or any other Institutions of Higher learning before?

Yes: ☐ No: ☐

If yes, provide details in the table below.

S/No	INSTITUTION ATTENDED	IF GRADUATE GIVE QUALIFICATION ATTAINED	DATE OBTAINED

4.0 Programme Sought in Order of Preferences (select from the list attached)

ORDER OF PREFERENCE	DEPARTMENT	PROGRAMME CODE	FULL NAME OF PROGRAMME
1st Choice			
2nd Choice			
3rd Choice			

5.0 Financial support indicates who will support you financially during the programme.

Name ……

Address: …… Tel ...……

Declaration

I declare that all information given in this form is correct

Signature of Applicant ……..date……

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, and P.O Box 12385 Arusha, Tanzania.

PROGRAMMES OFFERED

ACADEMIC YEAR 2025 /2026

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
BAF	Bachelor of Accounting and Finance	3 years

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).

ALL APPLICATION SHOULD BE ADDRESED TO

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