



CATHOLIC UNIVERSITY OF HEALTH AND ALLIED SCIENCES

P.O. Box 1464
Mwanza, Tanzania

Phone: (255) 28-250-0881
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ADMISSION OF DIPLOMA COURSE: DPS, DMLS AND DDR FOR 2017-2018 ACADEMIC YEAR

Please answer all questions and mail to: Admissions Office, Catholic University of Health and Allied Sciences, P.O. Box 1464, Mwanza, Tanzania, with a non-refundable application fee (Send by Money order or Cash) of TShs. 30,000 or US \$ 30 Made payable to: Catholic University of Health and Allied Sciences: A/C No. 01J1054045500 CRDB - Bugando Branch, Mwanza. Applicants who do not pay application fee will not be considered for selection.

1. Diploma Course for which you are applying:
- Diploma in Pharmaceutical Sciences - DPS
 - Diploma in Medical Laboratory Sciences - DMLS
 - Diploma in Diagnostic Radiology - DDR
 - Diploma in Pharmaceutical Sciences – DPS (Private – Evening course)
 - Diploma in Medical Laboratory Sciences – DMLS (Private – Evening course)
 - Diploma in Diagnostic Radiology – DDR (Private – Evening course)

2. Personal data (please print)

Your name _____ Male/Female (M/F) _____

SURNAME FIRSTNAME MIDDLE NAME

ADDRESS CITY TELEPHONE FAX OR EMAIL

For emergencies:

NAME RELATIONSHIP

ADDRESS CITY TELEPHONE FAX OR EMAIL

Date of birth _____ Place of birth _____ Nationality _____ Passport# _____

Profession _____ Married/Single _____ Religion _____

Farther's name _____ Mother's name _____

3. Academic data

ALL SEC.SCHOOLS ATTENDED	LOCATION	DATE: FROM (MO/YR)	TO (MONTH AND YEAR)	CERTIF.INDEX NO
ALL COLLEGES/UNIV	LOCATION	DATES:FROM	TO	DEGREE/DIPL.EARNED

Total number of years of schooling: _____ years and _____ months

4. Language fluency

LANGUAGE	SPOKEN			WRITTEN		
	FAIR	GOOD	VERY GOOD	FAIR	GOOD	VERY GOOD

5. Names and addresses of two referees who know your ability as a student and can assess your competence in written and spoken English.

a) _____

b) _____

6. Check List Please include the following with this application:

a) An up to date Curriculum Vitae of yourself

b) A Medical Certificate stating that you are fit to follow this course. .

c) Two (2) passport-size photos of yourself.

d) Photocopies of your relevant certificates including Internship certificate and registration certificate with Medical Council of Tanganyika.

e) Your Sponsor's name, signature, and stamp (if he or she has one).

f) Your non-refundable application fee of Tshs. 30,000/= or US\$ 30 in money order (no cheques, please), or in cash if personally delivered.

When you have attached all the required materials and have included certification of sponsorship (below), kindly send this to the office of the:-

Admissions Office, Catholic University of Health and Allied Sciences, P.O. Box 1464, Mwanza, Tanzania

7. Signature and date

I certify that to the best of my knowledge the information I have given above is correct.

(date) (signed)

8. Sponsorship. The Sponsor should indicate here that the candidate will receive financial support for the years he or she will spend at Bugando University College.

NAME OF SPONSOR _____

P.O. BOX, CITY OR TOWN _____ TEL: _____

BUSINESS OR ACTIVITY _____ FAX/E-MAIL _____

I myself,

I confirm that my organization will give full financial support to _____ during the period of his/her education at Catholic University of Health and Allied Sciences, if he/she is accepted.

(date) _____ (Signed) _____

Official stamp or seal

FOR OFFICIAL USE ONLY

PLEASE ENCLOSE PHOTOCOPIES OF ALL TRANSCRIPTS