



**SOKOINE UNIVERSITY OF AGRICULTURE**  
**OFFICE OF THE DEPUTY VICE CHANCELLOR (ACADEMIC)**  
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**REGISTRATION FORM FOR DIPLOMA AND CERTIFICATE PROGRAMMES AT SUA**

1. <b>SURNAME (UPPER CASE LETTERS)</b> .....		
2. <b>FIRST NAME IN FULL (UPPER CASE LETTERS)</b> .....		
3. <b>MIDDLE NAMES IN FULL (UPPER CASE LETTERS)</b> .....		
4. <b>DIPLOMA/CERTIFICATE PROGRAMMES</b> .....		
5. <b>REGISTRATION No.</b> .....		
<b>NOTE:</b> The name in which you will be registered shall be that which appears on your National form VI School Certificate or equivalent document Put [ ✓ ] in the respective bracket		
6. <b>Date of Birth:</b> /     /     /	7. <b>Place of Birth:</b> (Town or District and Country)	
8. <b>Religion:</b>	9. <b>Marital status:</b> Married [   ]	Single [   ]
10. <b>Sex:</b> Male [   ]    Female [   ]	11. <b>Citizenship:</b>	12. <b>Country of Residence:</b>
13. <b>Contact Address</b>	14. <b>Employers Name</b>	
Physical Address	Contact Address	
Email Address	Telephone No:	
Mobile No.	Email Address:	
15. <b>Name of next of kin:</b>		
Occupation:		
Relationship:	Email Address:	
Full address:	Fax No.:	
Tel. No.:	Mobile No.:	
16. Give details of further courses of study (if any)	Name of Award	Grade attained (Dist. Credit, Pass):
1. Certificate		
Institution		
2. Diploma		
Institution		
17. Do you have any communication disabilities? <b>YES/NO</b> (if any indicate the disability.....)		
18. Category of studentship (tick the appropriate one):		
(i) Direct entrant (using A level qualifications)		
(ii) Equivalent student		
19. Have you been officially released by your employer? <b>YES/NO</b> (where applicable) If yes, attach the documentary evidence		
20. <b>Financial Sponsor</b>		
Name of Sponsor:		
Address of Sponsor		
21. Do you have any medical disability/problem? <b>YES/NO</b> (indicate the problem if any ..... (attach evidence)		
22. What are your extra curricular activities? Indicate .....		
23. <b>STATEMENT BY APPLICANT:</b>		
I certify that the information given above is true and correct to the best of my knowledge.		
<b>Signature of Applicant:</b>		<b>Date:</b>